Entered 01/11/16 11:59:59 Desc Main Page 1 of 57 Case 16-00714 Doc 1 Filed 01/11/16

		Document Page 1	FILED
	Fill in this information to identi	fy your case:	UNITED STATES BANKRUPTGY COURT NORTHERN DISTRICT OF ILLINOIS
	United States Bankruptcy Court fo	or the:	
	Northern District of Illinois		16.7 1 2018
Case number (if known):		Chapter you are filing under: ☑ Chapter 7 ☐ Chapter 11	JEFFREY P. ALLSTRADT, CLERK PS REP NB
		Chapter 12 Chapter 13	☐ Check if this is an
			amended filing
C	Official Form 101		
1	oluntary Peti	tion for Individuals Fili	ng for Bankruptcy 12/15
int		•	out are equally responsible for supplying correct of any additional pages, write your name and case numbe
Pá	rt 1: Identify Yourself		
Pa	Establish and a second of the		About Debtor 2 (Spouse Only in a Joint Case):
	Establish and a second of the	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
	Your full name Write the name that is on your	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
	Your full name Write the name that is on your government-issued picture identification (for example,		About Debtor 2 (Spouse Only in a Joint Case): First name
	Your full name Write the name that is on your government-issued picture	About Debtor 1: JONETTE	
	Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture	About Debtor 1: JONETTE First name Middle name FULKS	First name Middle name
	Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	About Debtor 1: JONETTE First name Middle name FULKS Last name	First name Middle name Last name
	Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting	About Debtor 1: JONETTE First name Middle name FULKS	First name Middle name
1.	Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting	About Debtor 1: JONETTE First name Middle name FULKS Last name	First name Middle name Last name
1.	Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or	About Debtor 1: JONETTE First name Middle name FULKS Last name Suffix (Sr., Jr., II, III)	First name Middle name Last name Suffix (Sr., Jr., II, III)
1.	Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years	About Debtor 1: JONETTE First name Middle name FULKS Last name Suffix (Sr., Jr., II, III)	First name Suffix (Sr., Jr., II, III) First name
1.	Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or	About Debtor 1: JONETTE First name Middle name FULKS Last name Suffix (Sr., Jr., II, III)	First name Last name Suffix (Sr., Jr., II, III)
1.	Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or	About Debtor 1: JONETTE First name Middle name FULKS Last name Suffix (Sr., Jr., II, III) First name Middle name Last name	First name Last name Suffix (Sr., Jr., II, III) First name Middle name Last name
1.	Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or	About Debtor 1: JONETTE First name Middle name FULKS Last name Suffix (Sr., Jr., II, III) First name Middle name Last name Last name	First name Last name Suffix (Sr., Jr., II, III) First name Middle name Last name First name First name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 1 9 2 3OR

9 xx - xx -

xxx - xx - _ OR

9 xx - xx -_

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 2 of 57

ebtor 1 JONETTE FU First Name Middle N			Case number (if known)	
nd fraktieferforde och och filt forfälle allelle deleg gelegter var verken enten a socio-omater og en	About Debtor 1:		About Debtor 2 (Spou	se Only in a Joint Case):
Any business names and Employer Identification Numbers (EIN) you have used in	I have not used any busing	ness names or EINs.	☐ I have not used any	business names or EINs.
the last 8 years	Business name		Business name	
Include trade names and				
doing business as names	Business name		Business name	
	EIN		EN	· VIOLENTE PRINCIPE PRINCIPE ACCURAGE
	EIN	annessee allegate blankers	<u>EIN</u> — – — — —	
Where you live	en altereda kin ett en statt i vindin en 1904 fra frank et frank fra kinne melgefrend et frank i spesten skil	en in minima kan majimum, walio na kilo na kan fina kan fina kan fini na maka maka maka maka fini m	If Debtor 2 lives at a di	ifferent address:
	3321 W 79TH ST			
	Number Street		Number Street	
			Western	
	CHICAGO City	IL 60652 State ZIP Code	City	State ZIP Code
	COOK			
	County		County	
	If your mailing address is d above, fill it in here. Note th any notices to you at this mai	at the court will send	If Debtor 2's mailing ac yours, fill it in here. No any notices to this mailir	ddress is different from te that the court will send ng address.
	Number Street		Number Street	MANUAL
	P.O. Box		P.O. Box	
	City	State ZIP Code	City	State ZIP Code
Why you are choosing	Check one:		Check one:	de the transferration of a growing and growth policy of a growing and a growing and a growth policy of a growing and a growth policy of a growth p
this district to file for bankruptcy	Over the last 180 days be I have lived in this district other district.	fore filing this petition, longer than in any	Over the last 180 day I have lived in this dis other district.	ys before filing this petition, strict longer than in any
	I have another reason. Ex (See 28 U.S.C. § 1408.)	plain.	I have another reason (See 28 U.S.C. § 140	
			MATERIAL PROPERTY AND ADMINISTRATION OF THE PROPERT	

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 3 of 57

Case number (if known)_ Part 2: Tell the Court About Your Bankruptcy Case 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing Bankruptcy Code you for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. are choosing to file ☑ Chapter 7 under Chapter 11 Chapter 12 ☐ Chapter 13 ☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in your 8. How you will pay the fee local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. ☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for Z No bankruptcy within the Yes. District _ last 8 years? MM / DD / YYYY MM / DD / YYYY Case number MM / DD / YYYY 10. Are any bankruptcy M No cases pending or being Yes. Debtor _ filed by a spouse who is Relationship to you not filing this case with District When you, or by a business Case number, if known_ MM / DD / YYYY partner, or by an affiliate? Relationship to you Case number, if known_ MM / DD / YYYY 11. Do you rent your No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Debtor 1

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 4 of 57

Debtor 1 JONETTE FI First Name Middle N	JLKS ame	Last Name		Cas	e number (if known)		***************************************
art 3: Report About Any	Busines	ses You Own as a S	iola Pror	urioto v			
			ole Flop	i letoi			
Are you a sole proprietor	☑ No.	. Go to Part 4,					
of any full- or part-time business?	☐ Yer	. Name and location of	husiness				
A sole proprietorship is a			320m,000				
business you operate as an individual, and is not a		Name of business, if any					
separate legal entity such as a corporation, partnership, or							
LLC.		Number Street					
If you have more than one sole proprietorship, use a							
separate sheet and attach it						· · · · · · · · · · · · · · · · · · ·	
to this petition.		City			State	ZIP Code	***************************************
		Check the appropriate					
		Health Care Busine					
		Single Asset Real i					
		Stockbroker (as de					
		Commodity Broker	(as defined	d in 11 U.S.C. § 10	1(6))		
		☐ None of the above					
Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	most real any of the	re filing under Chapter 1 appropriate deadlines. It cent balance sheet, state nese documents do not e I am not filing under Ch I am filing under Chapte the Bankruptcy Code.	you indicatement of operation of the property	ate that you are a s perations, cash-flow v the procedure in	mall business on statement, and the statement, and the statement, and the statement	debtor, you nd federal in 16(1)(B).	must attach your ncome tax return or if
		Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.					
ort 4: Report if You Own o	r Have		erty or A	Any Property Th	at Needs Im	mediate	Attention
Do you own or have any property that poses or is	🛭 No						
alleged to pose a threat	TYes.	What is the hazard?				· · · · · · · · · · · · · · · · · · ·	
of imminent and identifiable hazard to							
public health or safety?			***************************************				
Or do you own any property that needs							
immediate attention?		If immediate attention i	s needed, 1	why is it needed?_			
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?						•	T P Mile de La Caracter de La Caract
-		Where is the property?					
			Number	Street			
							
			City			State	ZIP Code

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 5 of 57

Debtor 1

JONETTE FULKS

Last Name

Case number (if known)____

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit courseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About	Debtor	1	•

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

₩.	t am r	not required	i to	receive	а	briefing	about
		t counselin					

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

u	I received a briefing from an approved credit
	counseling agency within the 180 days before
	filed this bankruptcy petition, and I received a
	certificate of completion,

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Trout to an anima books of

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 6 of 57

D	Pebtor 1 JONETTE FU First Name Middle Na	JLKS une Last Name	Case number (#	unown)			
	Part 6: Answer These Que	estions for Reporting Purpo	oses				
10	s. What kind of debts do you have?	16a. Are your debts prima as "incurred by an individ	arily consumer debts? Consumer de	bts are defined in 11 U.S.C. § 101(8)			
	you nave?	as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17.					
		16b. Are your debts prima money for a business or i	arily business debts? Business debts investment or through the operation of the	s are debts that you incurred to obtain			
		No. Go to line 16c. Yes. Go to line 17.		o same of modulion.			
		16c. State the type of debts yo	ou owe that are not consumer debts or bu	isiness debts.			
17	. Are you filing under Chapter 7?	☐ No. I am not filing under C	Chapter 7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	□ No	oter 7. Do you estimate that after any exe es are paid that funds will be available to	mpt property is excluded and distribute to unsecured creditors?			
18.	How many creditors do you estimate that you owe?	✓ 1-49 □ 50-99 □ 100-199 □ 200-999	1,000-5,000 5,001-10,000 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000			
19.	How much do you estimate your assets to be worth?	✓ \$0-\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion			
20.	How much do you estimate your liabilities to be?	✓ \$0-\$50,000 ◯ \$50,001-\$100,000 ◯ \$100,001-\$500,000	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million	☐ \$500,000,001-\$1 billion ☐ \$1,000,000,001-\$10 billion ☐ \$10,000,000,001-\$50 billion			
Pa	nt 77. Sign Below	☐ \$500,001-\$1 million	□ \$100,000,001-\$500 million	☐ More than \$50 billion			
Fo	r you	I have examined this petition, ar correct.	nd I declare under penalty of perjury that	the information provided is true and			
		If I have chosen to file under Ch of title 11, United States Code. I under Chapter 7.	apter 7, I am aware that I may proceed, i understand the relief available under ea	f eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed			
		If no attorney represents me and this document, I have obtained a	d I did not pay or agree to pay someone and read the notice required by 11 U.S.C	who is not an attorney to help me fill out . § 342(b).			
		I request relief in accordance wit	th the chapter of title 11, United States C	ode, specified in this petition.			
		I understand making a false stat	ement, concealing property, or obtaining	money or property by fraud in connection			
		* Jonette Fall Signature of Debtor 1	¥ Signature	of Debtor 2			
		Executed on 01/01/2016 MM / DD / Y	Executed				

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 7 of 57

Debtor 1 JONETTE FU First Name Middle Nam		Case number (if known)_		·	· · · · · · · · · · · · · · · · · · ·	······································
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.	to proceed under Chapter 7, 11, 12, or 13 available under each chapter for which the	of title 11, United States Code, ar person is eligible. I also certify t and, in a case in which § 707(b)(4 tion in the schedules filed with th	clare that I have informed the debtor(s) about the states Code, and have explained the reliable. I also certify that I have delivered to the n which § 707(b)(4)(D) applies, certify that I adules filed with the petition is incorrect. Date			ief e debtor/s
	Signature of Attorney for Debtor	Date	MM /	DD	/YYYY	
	Printed name					
	Number Street		······································			
	City	State	ZIP Code	·····		
	Contact phone	Email address				
	Bar number	State				

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 8 of 57

Debtor 1

JONETTE FULKS

First Name Middle Name

Last Name

Case number (# known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you av consequer No Y Yes	ware that filing for bankruptcy is a serious ances?	ction with long-t	erm financial and legal
Are you aw inaccurate No Yes	vare that bankruptcy fraud is a serious crime or incomplete, you could be fined or impris	e and that if you oned?	ir bankruptcy forms are
Yes. Na Att By signing have read a	y or agree to pay someone who is not an atme of Personach Bankruptcy Petition Preparer's Notice, Dethere, I acknowledge that I understand the mand understood this notice, and I am aware	claration, and Si isks involved in that filing a ban	gnature (Official Form 119). filing without an attorney. I
Signature of	a luxies	Signature of De	
Date	01/01/2016 MM/DD /YYYY	Date	MM / DD / YYYY
Contact phone		Contact phone	
Cell phone	(312) 547-0649	Cell phone	
Email address		Email address	

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 9 of 57

Debtor 1 JONETTE FULKS	
First Name Middle Name Last Name	
Debtor 2	
(Spouse, if filling) First Name Middle Name Last Name	
United States Bankruptcy Court for the: Northern District of Illinois	
Case number (If known)	Check if this is ar amended filing
Official Forms 4000 cm	
Official Form 106Sum	
Summary of Your Assets and Liabilities and Certain Statistical	Information 12/15
Be as complete and accurate as possible. If two married people are filing together, both are equally respons	ible for supplying correct
information. Fill out all of your schedules first; then complete the information on this form. If you are filing a your original forms, you must fill out a new Summary and check the box at the top of this page.	mended schedules after you file
your original forms, you must fin out a new Summary and check the box at the top of this page.	
Part 1: Summarize Your Assets	
Kilena Juminatize Four Masets	
	Your assets
	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)	Value of what you own
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	Value of what you own
	Value of what you own
	Value of what you own
1a. Copy line 55, Total real estate, from Schedule A/B	Value of what you own
1a. Copy line 55, Total real estate, from Schedule A/B	Value of what you own \$ 0.00 \$ 1,000.00
1a. Copy line 55, Total real estate, from Schedule A/B	\$ 0.00 s 1,000.00
1a. Copy line 55, Total real estate, from Schedule A/B	Value of what you own \$ 0.00 \$ 1,000.00
1a. Copy line 55, Total real estate, from Schedule A/B	Value of what you own \$ 0.00 \$ 1,000.00

presidents.					
Part 3:	Summarize	Your	Income	and	Expenses

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D......

Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	s 1,149.00
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$\$, 1,100.00

Your liabilities
Amount you owe

Your total liabilities

0.00

0.00

25,683.00

25,683.00

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 10 of 57

D	ebtor 1	JONETTI First Name	E FULKS	Last Name		Case number (if known)		
ij	art 4:	Answer Th	ese Question	s for Administratio	e and Statistical Recor	ds		
6.	. Are yo	ou filing for ba	nkruptcy unde	r Chapters 7, 11, or 1	3?			
	No. Yes	. You have not s	hing to report on	this part of the form. (Check this box and submit this	s form to the court with ye	our other schedu	les.
7.	What k	and of debt do	you have?					
	☐ You fam	u r debts are p nily, or househo	rimarily consur old purpose." 11	mer debts. Consumer U.S.C. § 101(8). Fill o	debts are those "incurred by a ut lines 8-9g for statistical pur	an individual primarily for poses. 28 U.S.C. § 159.	r a personal,	
	You this	ur debts are n s form to the co	ot primarily cor urt with your oth	nsumer debts. You ha er schedules.	ive nothing to report on this pa	art of the form. Check thi	is box and submi	ŧ
8.	From ti Form 12	he Statement 22A-1 Line 11;	of Your Curren OR, Form 1226	<i>t Monthly Income</i> : Co 3 Line 11; OR , Form 12	py your total current monthly 22C-1 Line 14.	income from Official	\$	1,149.00
9.	Copy th	ne following s	pecial categorie	es of claims from Par	t 4, line 6 of Schedule E/F:			
						Total claim		
	From	Part 4 on Sch	edule E/F, copy	the following:				
	9a. Dom	nestic support	obligations (Cop	y line 6a.)		\$	0.00	

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

9d. Student loans. (Copy line 6f.)

9g. Total. Add lines 9a through 9f.

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

0.00

0.00

0.00

0.00

0.00

0.00

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 11 of 57

Fill in this information to identify your case and the	is filing:		
Debtor 1 JONETTE FULKS			
First Name Middle Name	Last Name		
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name		
United States Bankruptcy Court for the: Northern District (of Himoie		
Case number		ſ	Check if this is an
		•	amended filing
Official Forms 400A/D			
Official Form 106A/B			
Schedule A/B: Proper	łv		12/15
	ns. List an asset only once. If an asset fits in more	4	
responsible for supplying correct information. If r write your name and case number (if known). Ans	lete and accurate as possible. If two married peop nore space is needed, attach a separate sheet to the wer every question. , Land, or Other Real Estate You Own or Ha	nis form. On the top of	oth are equally any additional pages,
Do you own or have any legal or equitable inter	est in any residence, building, land, or similar prog	erty?	
No. Go to Part 2.	•	•	
Yes. Where is the property?			
	What is the property? Check all that apply.	Do not deduct secured d	aims or exemptions. Put
4.4	☐ Single-family home	the amount of any secure	ed claims on Schedule D:
1.1. Street address, if available, or other description	- Uplex or multi-unit building	Creditors Who Have Clair	ins secured by Property.
	Condominium or cooperative Manufactured or mobile home		Current value of the
	Manufactured or mobile home Land	entire property?	portion you own?
	Investment property	\$	\$
City State ZIP Code	Timeshare	Describe the nature	
City State ZIP Code	Other	interest (such as fee the entireties, or a lif	
	Who has an interest in the property? Check one.		e estatej, ii kilowii.
	Debtor 1 only		
County	Debtor 2 only		
	Debtor 1 and Debtor 2 only		mmunity property
	☐ At least one of the debtors and another	(see instructions)	
	Other information you wish to add about this it	em, such as local	
16	property identification number:	A#####################################	
If you own or have more than one, list here:	What is the property? Obaci, at that well.		
	What is the property? Check all that apply. Single-family home	Do not deduct secured da the amount of any secure	
1.2.	Duplex or multi-unit building	Creditors Who Have Clair	
Street address, if available, or other description	☐ Condominium or cooperative	Current value of the	Current value of the
	☐ Manufactured or mobile home	entire property?	portion you own?
THE	☐ Land	\$	\$
	Investment property	D	
City State ZIP Code	Timeshare	Describe the nature of interest (such as fee:	
	U Other	the entireties, or a life	e estate), if known.
	Who has an interest in the property? Check one.		
	Debtor 1 only		
County	Debtor 2 only	—	
	Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is co (see instructions)	mmunity property
	- At least one of the deptors and another	(see manuchons)	
	Other information you wish to add about this ite	m, such as local	

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 12 of 57

Debtor 1	JONETTE FULKS	Case number (#	t mneen)	
	First Name Middle Name Last Name		N 1-A3213	······································
1.3.		What is the property? Check all that apply. Single-family home	Do not deduct secured clithe amount of any secure	ed claims on Schedule D:
1.9.	Street address, if available, or other description	Duplex or multi-unit building Condominium or cooperative	Creditors Who Have Clair Current value of the entire property?	• , ,
	**************************************	Manufactured or mobile home Land	\$	\$
		Investment property	*	<u> </u>
	City State ZIP Code	Timeshare	Describe the nature of	of your ownership
	Only Grate Zil Occur	Other	interest (such as fee	simple, tenancy by
			the entireties, or a life	e estate), if known.
		Who has an interest in the property? Check one.		
	County	Debtor 1 only		
	Southly	Debtor 2 only	□	
		Debtor 1 and Debtor 2 only	Check if this is co (see instructions)	mmunity property
		At least one of the debtors and another	(acc manachona)	
		Other information you wish to add about this ite	m, such as local	
		property identification number:		
			ļ	
		l of your entries from Part 1, including any entries		S
you h	nave attached for Part 1. Write that number h	iere	→	Ψ
			•	
Part 2:	Describe Your Vehicles		***************************************	
ou own	that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles,	et in any vehicles, whether they are registered or a e, also report it on Schedule G: Executory Contracts a motorcycles	iot? Include any vehicles and Unexpired Leases.	S
3.1.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	ims or exemptions. Dut
0.1.	VPIANAMAN AND AND AND AND AND AND AND AND AND A	Debtor 1 only	the amount of any secured	d claims on Schedule D:
	Model:	Debtor 2 only	Creditors Who Have Claim	ns Secured by Property.
	Year:	Debtor 1 and Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	At least one of the debtors and another	entire property?	portion you own?
	Other information:			
		Check if this is community property (see	\$	\$
		instructions)		
	· · · · · · · · · · · · · · · · · · ·			
if you	own or have more than one, describe here:			
, , , ,	own or have more and one, describe here.			
3.2.	Make:	Who has an interest in the property? Check one.	Do not deduct secured clai	
	Model:	Debtor 1 only	the amount of any secured Creditors Who Have Claim	
	Year:	Debtor 2 only		
	· · ·	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Approximate mileage:	At least one of the debtors and another	share property:	Portion Jon Own?
	Other information:	_	€.	•
		Check if this is community property (see instructions)	\$	\$

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 13 of 57

Make: Model: Year:	Who has an interest in the property? Check one.		
Year:		Do not deduct secured da the amount of any secure	
	Debtor 1 only	Creditors Who Have Clair	
	Debtor 2 only	Current value of the	Current value of th
Approximate mileage:	Debtor 1 and Debtor 2 only At least one of the debtors and another	entire property?	portion you own?
	At least one of the debtors and another		
Other information:	Check if this is community property (see instructions)	\$	\$
Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	
Model:	Debtor 1 only	the amount of any secured Creditors Who Have Clain	
	Debtor 2 only		
Year	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Approximate mileage:	At least one of the debtors and another	antile property:	poraon you own:
Other information:		•	•
	Check if this is community property (see	3	\$
	instructions)		
oles: Boats, trailers, motors, personal	and other recreational vehicles, other vehicles, and acces watercraft, fishing vessels, snowmobiles, motorcycle accesso		
oles: Boats, trailers, motors, personal			
oles: Boats, trailers, motors, personal		ries Do not deduct secured cla	
oles: Boats, trailers, motors, personal o es	watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one. Debtor 1 only	ries	d claims on <i>Schedule D.</i>
oles: Boats, trailers, motors, personal es Make: Model:	watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured cla	d claims on <i>Schedule D:</i>
oles: Boats, trailers, motors, personal oes Make: Model: Year:	watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an Interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	d claims on Schedule D: ns Secured by Property. Current value of th
oles: Boats, trailers, motors, personal es Make: Model:	watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	d claims on Schedule D: ns Secured by Property.
oles: Boats, trailers, motors, personal oes Make: Model: Year:	watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an Interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	d claims on Schedule Dans Secured by Property. Current value of the
oles: Boats, trailers, motors, personal oes Make: Model: Year:	watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	d claims on Schedule D: ns Secured by Property. Current value of th
oles: Boats, trailers, motors, personal os Make: Model: Year: Other information:	watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured cla the amount of any secure Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured cla	d claims on Schedule Dissecured by Property. Current value of the portion you own? \$
obles: Boats, trailers, motors, personal obles Make: Model: Year: Other information: own or have more than one, list here:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any securer	d claims on Schedule Dissecured by Property. Current value of the portion you own? \$
oles: Boats, trailers, motors, personal or ses Make: Model: Year: Other information: own or have more than one, list here: Make:	watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any secured Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured clathe amount of any secured Creditors Who Have Clain	d claims on Schedule Das Secured by Property. Current value of the portion you own? \$ ims or exemptions. Put it claims on Schedule Das Secured by Property.
obles: Boats, trailers, motors, personal obles Make: Model: Year: Other information: own or have more than one, list here:	watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured clathe amount of any securer Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured clathe amount of any securer Creditors Who Have Clain Current value of the	d claims on Schedule Diss Secured by Property. Current value of the portion you own? \$ ims or exemptions. Put it claims on Schedule Diss Secured by Property. Current value of the secured to the secured by Property.
oles: Boats, trailers, motors, personal or ses Make: Model: Year: Other information: own or have more than one, list here: Make:	watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured clathe amount of any secured Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured clathe amount of any secured Creditors Who Have Clain	d claims on Schedule Das Secured by Property. Current value of the portion you own? \$ ims or exemptions. Put it claims on Schedule Das Secured by Property.

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 14 of 57

Debtor 1

JONETTE FULKS
First Name Middle Name

Last Name

Case number (if known)____

Part 3: Describe Your Personal and Household Items	
Do you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6. Household goods and furnishings	
Examples: Major appliances, furniture, linens, china, kitchenware	
□ No	
Yes. Describe HOUSEGOODS	s 250.00
7. Electronics	
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; collections; electronic devices including cell phones, cameras, media players, games	music
D No	
Yes. Describe ELECTRONICS	\$ 250.00
8. Collectibles of value	
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No	
Yes. Describe	\$
9. Equipment for sports and hobbies	
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; of and kayaks; carpentry tools; musical instruments	anoes
No professional and the second	
Yes. Describe	\$
1	
10. Firearms	
Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
☑ No ☐ Yes. Describe	
La res. Describe	\$
11. Clothes	
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
□ No	
Yes. Describe CLOTHING @ USED STORE VALUE	s 500.00
OLOTTINO & COLD CTOKE VALUE	\$
12. Jewelry	
Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, ge	ems,
gold, silver	
2 No	\$
Yes. Describe	\$
13. Non-farm animals	
Examples: Dogs, cats, birds, horses	
2 No	
Yes. Describe	
	\$
14. Any other personal and household items you did not already list, including any health aids you did not	ist
☑ No	
☐ Yes. Give specific	\$
information	
15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached	
for Part 3. Write that number here	

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 15 of 57

Debtor 1 JONETTE FULKS
First Name Middle Name Last Name

Case number (# known)

Do you own or have an	Current value of portion you own? Do not deduct secure or exemptions.				
16. Cash					
	u have in your wallet, in your ho	ne, in a safe deposit box, and on hand when you file	your petition		
□ No					
2 Yes		Ca	ash:	\$	15.00
and other	savings, or other financial acco similar institutions. If you have n	unts; certificates of deposit; shares in credit unions, builtiple accounts with the same institution, list each.	rokerage houses,		
☑ No ☐ Yes		Institution name:			
	17.1. Checking account:	West to the second seco	· · · · · · · · · · · · · · · · · · ·	\$	
	17.2. Checking account:			\$	
	17.3. Savings account:			\$	
	17.4. Savings account:			\$	
	17.5. Certificates of deposit:			\$	
	17.6. Other financial account:			\$	
	17.7. Other financial account:			· · · · · · · · · · · · · · · · · · ·	
	17.8. Other financial account:				
	17.9. Other financial account:				
Examples: Bond funds	, or publicly traded stocks i, investment accounts with brok	erage firms, money market accounts			
☑ No ☐ Yes	Institution or issuer name:				
	mettaton or issuer harre.				
	N-94-94-1			\$	
		***************************************		\$	
	######################################		· ·	\$	
19. Non-publicly traded s an LLC, partnership,		rated and unincorporated businesses, including a	ın interest in		
☑ No	Name of entity:	% (of ownership:		
Yes. Give specific information about	***************************************	09	% <u> </u> %	\$	
them	***************************************			\$	
		09	/n		

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 16 of 57

JONETTE FULKS

Debtor 1 JONETTE		Case number (# known)	
First Name	Middle Name L	ss: Name	
		er negotiable and non-negotiable instruments	
		ks, cashiers' checks, promissory notes, and money orders. not transfer to someone by signing or delivering them.	
•	•		
☑ No ☐ Yes. Give specific	Issuer name:		
information about			_
them			\$
			\$
	MV-11		\$
21. Retirement or pension Examples: Interests in II		01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
2 No		· · · · · · · · · · · · · · · · · · ·	
Yes. List each			
account separately.	Type of account:	Institution name:	
	401(k) or similar plan:		\$
			\$
	Pension plan:		
	IRA:		\$
	Retirement account:		\$
	Keogh:		\$
	Additional account:		\$
	Additional account:		\$
	l deposits you have m	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications	
☐ Yes	Ins	titution name or individual:	
	Electric:		\$
	Gas:		\$
	Heating oil:		\$
	Security deposit on ren	tal unit:	\$
	Prepaid rent:		\$
	Telephone:		\$
	Water:		_
	Rented furniture:		\$
	Other:		\$
			\$
22 Annuiting /A contract fo	r a nariadia naumant s	of manay to your either for life or for a number of years)	
23. Annuities (A contract to	i a periodic payment (of money to you, either for life or for a number of years)	
		. Autor	
☐ Yes	Issuer name and desc		•
		Commence of the commence of th	\$
	· .		\$

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 17 of 57

Debtor 1 JONETTE FL	JLKS		Case number (if known)	
First Name	viddle Name	Last Name		
4. Interests in an education	IRA, in an acc	ount in a qualified ABLE program,	or under a qualified state tuition program.	
26 U.S.C. §§ 530(b)(1), 52	29A(b), and 529	(b)(1).		
🗹 No				
☐ Yes	Institution	name and description. Separately file	e the records of any interests.11 U.S.C. § 521(c):
				ę
				φ
				\$
	<u>,</u>			\$
5. Trusts, equitable or future exercisable for your ben		property (other than anything listed	d in line 1), and rights or powers	
Z Í No				
Yes. Give specific				
information about ther	n			\$
				1
3. Patents, copyrights, trac	iemarks, trade	secrets, and other intellectual pro	perty	
	n names, websi	ites, proceeds from royalties and licer	nsing agreements	
🗹 No				"1
Yes. Give specific				\$
information about ther	n			Ψ
7. Licenses, franchises, an	d other genera	al intangibles	nee liquer licenses professional licenses	
	is, exclusive lice	enses, cooperative association notuin	gs, liquor licenses, professional licenses	
☑ No				
Yes. Give specific				\$
information about ther	n			
				Current value of the
loney or property owed to	your			portion you own?
				Do not deduct secured claims or exemptions.
B. Tax refunds owed to you	i			
☑ No		gan danasa ay ay ay ay ay an an ay		
Yes. Give specific info			Federal:	\$
about them, inclu you already filed			State:	\$
and the tax years			Local:	\$
9. Family support	ana arma akar-a-	v enougal eumnort shild eumnort mai	intenance, divorce settlement, property settleme	nt
•	mp sum alimon	7, spousai support, chiid support, mai	intendince, divorce sement, property semente	
2 No		1		
Yes. Give specific info	ormation	.:	Alimony:	\$
			Maintenance:	\$
			Support:	\$
			Divorce settlement:	\$
		•		\$
		· 	Property settlement:	Ψ
). Other amounts someon	e owes you			
Examples: Unpaid wages	s, disability insur	rance payments, disability benefits, si aid loans you made to someone else	ick pay, vacation pay, workers' compensation,	
☑ No				
Yes. Give specific info	ormation	· ·		

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Mair Document Page 18 of 57

JONETTE FULKS Case number (if know Debtor 1 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ZI No ☐ Yes. Name the insurance company Beneficiary: Surrender or refund value Company name: of each policy and list its value... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. **2** No Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue 2 No Yes. Describe each claim..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims Z No Yes. Describe each claim. 35. Any financial assets you did not already list ☐ Yes. Give specific information...... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4, Write that number here Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. Part 5: 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned **2** No Yes. Describe...... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, moderns, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices 2 No

Yes. Describe......

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 19 of 57

Debtor 1	JONETTE		Case number (if known)	
	First Name	Middle Name Last Name		
	ery, fixtures, e	quipment, supplies you use in business, and to	ools of your trade	
₩ No	."			
□ Yes	. Describe			\$
				L.
41. Invento	rv			
₩ No				
Yes	. Describe			\$
	٠.			. (
42. Interest	ts in partnershi	ps or joint ventures		
₩ No				
Yes	. Describe	Name of entity:	% of ownership:	
			%	\$
			%	\$
			%	\$
	er lists, mailin	g lists, or other compilations		
₩ No	Do your linto	include personally identifiable information (as	defined in 11 H.S.C. & 101(41A)\2	
- 162	. Do your insts	nctude personally identifiable anormation (as	defined in 11 0.3.0. § 101(41/A)):	
	Yes. Desc	ihe		
				\$
				j
	siness-related	property you did not already list		
₩ No	. Give specific			
	rmation			\$
				\$
				\$
				\$
				\$
			WALLEST BOOK TO THE STATE OF TH	•
	•	WARRING TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO		<u> </u>
		f all of your entries from Part 5, including any		\$
for Part	t 5. Write that n	umber here		
			a Barranda Vari Arra an Harra an Indonesia i	_
Part 6:		ly Farm- and Commercial Fishing-Related have an interest in farmland, list it in Part 1.	d Property You Own or Have an Interest I	A.
46. Do you	own or have a	ny legal or equitable interest in any farm- or co	ommercial fishing-related property?	
	Go to Part 7.			
	. Go to line 47.			
				Current value of the portion you own?
				Do not deduct secured claims
				or exemptions.
47. Farm at		nultry form raised fish		
-	es: Livestock, p	oultry, farm-raised fish		
Ma No □ Vos				·" ₁
 168				
				\$

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 20 of 57

Debtor 1	JONETTE FULKS	Case number (if known)	
	First Name Middle Name Last Name		
i8. Crops—e	ither growing or harvested		
No No	•		, , , , , , , , , , , , , , , , , , ,
	Sive specific ation		\$
9. Farm and	fishing equipment, implements, machinery, fixture		
2 No □ Voc			
₩ 165			\$
60. Farm and	fishing supplies, chemicals, and feed		
2 No			
🔲 Yes			Samuel Construction of the
	- and commercial fishing-related property you did	not already list	
on. Any nami ☑ No			
	Give specific		\$
	dollar value of all of your entries from Part 6, inclu	ding any entries for pages you have attached	
for Part 6	5. Write that number here	unig any undicates pages your area	•}
and the second	Docaribo All Bronarty You Own or Have	an Interest in That You Did Not List Ab	ove
Part 7:	Describe An Property For Own or Have		
53. Do yo u h	ave other property of any kind you did not already Season tickets, country club membership	y list?	
53. Do you h Examples: No	ave other property of any kind you did not already Season tickets, country club membership		\$
53. Do you h Examples: No Yes.	ave other property of any kind you did not already Season tickets, country club membership	y list?	\$ \$
53. Do you h Examples: No Yes.	ave other property of any kind you did not already Season tickets, country club membership Give specific nation	y list?	\$ \$ \$
53. Do you h Examples: No Yes. 1 inform	save other property of any kind you did not already Season tickets, country club membership Give specific nation	y list?	\$\$ \$\$
53. Do you h Examples: No Yes. 1 inform	save other property of any kind you did not already Season tickets, country club membership Give specific nation	y list?	\$\$ \$
53. Do you h Examples: 2 No Yes. inform	save other property of any kind you did not already Season tickets, country club membership Give specific nation	y list?	\$\$ \$
53. Do you h Examples: No Yes. inform	save other property of any kind you did not already Season tickets, country club membership Give specific nation	y list?	\$
53. Do you h Examples: 1 No Yes. inform 54. Add the o	save other property of any kind you did not already Season tickets, country club membership Give specific nation	y list? • that number here	\$
53. Do you h Examples: No Yes. inform 54. Add the o	save other property of any kind you did not already Season tickets, country club membership Give specific nation	y list? • that number here	\$
53. Do you h Examples: No Yes. inform 54. Add the offendaments 55. Part 1: To 56. Part 2: To	save other property of any kind you did not already Season tickets, country club membership Give specific nation	y list? • that number here	\$
53. Do you h Examples: No Yes. inform 54. Add the off Part 8: 55. Part 1: To 56. Part 2: To 57. Part 3: To	Season tickets, country club membership Give specific nation	that number here m \$0.00	\$
53. Do you h Examples: No Yes. inform 54. Add the offers 55. Part 1: To 56. Part 2: To 57. Part 3: To 58. Part 4: To	save other property of any kind you did not already Season tickets, country club membership Give specific nation	s	\$
53. Do you h Examples: No Yes. 1 inform 54. Add the of 55. Part 1: To 56. Part 2: To 57. Part 3: To 58. Part 4: To 59. Part 5: To	Season tickets, country club membership Give specific nation	\$ that number here \$0.00 \$1,000.00 \$0.00	\$
53. Do you h Examples: 2 No	Season tickets, country club membership Give specific nation	\$	\$
53. Do you h Examples: 2 No	Season tickets, country club membership Give specific nation	\$ 0.00 \$ 1,000.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ \$ \$ 0.00
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Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 21 of 57

Fill in this	information to identify yo	ur case:					
Debtor 1	JONETTE FULKS	Middle Name	Last Name				
Debtor 2 (Spouse, if filir							
	es Bankruptcy Court for the: Nor	Middle Name thern District of Illinois	Last Name				
Case numbe (If known)	, ,		yaa-				ck if this is ar inded filing
Official	Form 106C						
Sche	dule C: The	Property	You	Claim a	s Exemp	t	12/15
Using the pro space is nee	ete and accurate as possible operty you listed on Schedul ded, fill out and attach to thi nd case number (if known).	le A/B: Property (Offici	ial Form 106/	VB) as your source	, list the property that	you claim as exempt. If	more
specific doll of any appli- retirement fi limits the ex would be lin	m of property you claim as lar amount as exempt. Afte cable statutory limit. Some unds—may be unlimited in temption to a particular do nited to the applicable stat	ernatively, you may on the exemptions—such and oliar amount. How the liar amount and the liutory amount.	ciaim the full as those for rever, if you value of the	fair market value health aids, right claim an exemptio	of the property bein s to receive certain on of 100% of fair ma	g exempted up to the a benefits, and tax-exem arket value under a law	amount pt / that
∑ You ☐ You	are claiming state and fede are claiming federal exemp property you list on Sche	ral nonbankruptcy exe tions. 11 U.S.C. § 522	emptions. 11 2(b)(2)	U.S.C. § 522(b)(3)			
Brief d Sched	escription of the property at ule A/B that lists this proper	nd line on Current v ty portion y	alue of the	Amount of the ex	emption you claim	Specific laws that alk	w exemption
		Copy the Schedule	value from A/B	Check only one bo	ox for each exemption.		
Brief descript Line fro Schedu	m	ET \$ 15.00	TO STAR PORT AND A STAR AND A STA		narket value, up to e statutory limit	APERTURN TO COME TO CO	· · · · · · · · · · · · · · · · · · ·
Brief descript Line from Schedu	m	\$ 500.0	0		narket value, up to estatutory limit		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Brief descript Lîne froi Schedui	m	<u> </u>			narket value, up to e statutory limit	wareness and the same and the s	
(Subject No Yes.	claiming a homestead extended to adjustment on 4/01/16 as Did you acquire the propert No	nd every 3 years after	that for case)	

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 22 of 57

Debtor 1

JONETTE FULKS
First Name Middle Name

Last Name

Case number (if known)___

Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	\$	<u> </u>	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	<u> </u>	
Line from Schedule A/B: ———		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	<u> </u>	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	D s	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	THE THE PARTY OF T
Brief description:	\$	□ \$ □ 100% of fair market value, up to	
Line from Schedule A/B: ———		any applicable statutory limit	
Brief description:	\$	Q \$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
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Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
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Brief description:	\$	<u> </u>	
.ine from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
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Brief lescription:	\$	0 \$	
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Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 23 of 57

Debtor 1 JONETTE FULKS Table T	Fill in this information to identify your cas	e:			
Check if this is an amended filing	Cepio: 1				
United States Bankruptcy Count for the: Northern District of Illinois Case number (in treaser) Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/16 Par a complete and accurate as peasible. If two married people are filing together, both are squally responsible for supplying correct profession of more space is needed, clopy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditions have claims secured by your property? If No. Check this box and submit this form to the count with your other schedules. You have nothing else to report on this form. Part 11 List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular down, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. Column A	Debtor 2	Last Name			
Case number					
Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/16 Be as complete and accurate as possible, if two married people are filing together, both are equally responsible for supplying correct individual pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? 2. In Cocket his box and submit this form to the court with your other schedules. You have nothing else to report on this form. 2. Liet all secured claims. If a creditor has not the none secured claim, list the order oracinos in Pert 2. As much as possible, list the claims in alphabetical order according to the creditor's name. As of the date you file, the claim is: Check all that apply. Debtor 1 only State 2F Cose Unliquidated Uniquidated	United States Bankruptcy Court for the: Northern	District of Illinois			
Schedule D: Creditors Who Have Claims Secured by Property 12/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? 2. No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. 2. List all secured claims. If a creditor has more than one secured claim, list the creditor speciately for each claim. If more than one creditor has a particular daim, list the other creditor's name. 2. List all secured claims. If a creditor has a particular daim, list the creditor's name. 2. List all secured claims. If a creditor has a particular daim, list the creditor's name. 2. List all secured claims. If a creditor has a particular daim, list the creditor's name. 2. List all secured claims. If a creditor has a particular daim, list the creditor's name. 2. List all secured claims. If a creditor has a particular daim, list the creditor's name. 2. List all secured claims. 3. \$. \$. \$. \$. \$. \$. \$. \$. \$. \$					
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Ves. Fill in all of the information below. Yes. Fill in all of	information. If more space is needed, copy	y the Additional Page, fill it out, number the entries,			
Yes. Fill in all of the information below.		• • • •			
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Cinditor's Name	for each claim. If more than one creditor h	as a particular claim, list the other creditors in Part 2.	Amount of claim	Value of collateral that supports this	Unsecured
Creditor's Name Number Street As of the date you file, the claim is: Check all that apply.		abelical order according to the creditor's name.	value of collateral.	claim	if any
As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	············	Describe the property that secures the claim:	\$	\$	\$
As of the date you file, the claim is: Check all that apply. Contingent	Creditor's Name				
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Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 24 of 57

Debtor 1 JONETTE FULKS		Case number (# known)				
First Name Middle Name	Last Name					
Additional Page		Column A	Column B Value of collateral	Column C Unsecured		
	page, number them beginning with 2.3, followed	Amount of claim Do not deduct the	that supports this	portion		
by 2.4, and so forth.		value of collateral.	claim	if any		
Creditor's Name	Describe the property that secures the claim:	\$	<u> </u>	\$		
Citation of Author						
Number Street						
	 As of the date you file, the claim is: Check all that apply. 					
City State ZIP Code	Contingent Unliquidated					
City State 25 Octo	Disputed					
Who owes the debt? Check one.	Nature of lien. Check all that apply.					
Debtor 1 only	An agreement you made (such as mortgage or secured					
Debtor 2 only Debtor 1 and Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)					
At least one of the debtors and another	☐ Judgment lien from a lawsuit					
☐ Check if this claim relates to a	Other (including a right to offset)	-				
community debt						
Date debt was incurred	Last 4 digits of account number					
	Describe the property that secures the claim:	\$	\$	\$		
Creditor's Name						
Number Street	-	j				
	As of the date you file, the claim is: Check all that apply.					
	Contingent					
City State ZIP Code	Unliquidated Disputed					
Who owes the debt? Check one.	Nature of lien. Check all that apply.					
Debtor 1 only	An agreement you made (such as mortgage or secured					
Debtor 2 only	car loan)					
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)					
At least one of the debtors and another	Judgment lien from a lawsuit Other (including a right to offset)					
☐ Check if this claim relates to a community debt		•				
Date debt was incurred	Last 4 digits of account number					
	and the state of t	S	\$	e		
Creditor's Name	Describe the property that secures the claim:	~		· V		
Number Street	_					
Number Street	18. P. P. M. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18					
	 As of the date you file, the claim is: Check all that apply. 					
City State ZiP Code	Contingent Unliquidated					
City State ZIP Code	Disputed					
Who owes the debt? Check one.	Nature of lien. Check all that apply.					
Debtor 1 only	An agreement you made (such as mortgage or secured					
Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)					
Debtor 1 and Debtor 2 only At least one of the debtors and another	Judgment lien from a lawsuit					
Check if this claim relates to a	Other (including a right to offset)	_				
community debt						
Date debt was incurred	Last 4 digits of account number					
	es in Column A on this page. Write that number here:	\$				
If this is the last page of your form Write that number here:	n, add the dollar value totals from all pages.	\$				

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 25 of 57

JONETTE FULKS Debtor 1 Case number (if known) Part 2: List Others to Be Notified for a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. On which line in Part 1 did you enter the creditor? _ Name Last 4 digits of account number ____ ___ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number ___ __ Number Street City ZIP Code State On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number ____ ___ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? _____ Name Last 4 digits of account number ____ Number City State ZIP Code On which line in Part 1 did you enter the creditor? ____ Name Last 4 digits of account number ___ __ __ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? ____ Name Last 4 digits of account number ____ ___ Number Street

City

ZIP Code

State

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 26 of 57

F	ill in this information to identify your case:				
D	ebtor 1 JONETTE FULKS				
	First Name Middle Name	Lest Name			
	ebtor 2 pouse, if filing) First Name Middle Name	Last Name			
U	nited States Bankruptcy Court for the: Northern District	of Illinois			
		OI RIBIOIS		☐ Che	ck if this is an
	ase number f known)				ended filing
O	fficial Form 106E/F				
S	chedule E/F: Creditors W	ho Have Unsecured Clain	ns		12/15
List A/B cred nee any	t the other party to any executory contracts or u b: Property (Official Form 106A/B) and on Sched ditors with partially secured claims that are liste	, ,	st executory c Official Form 1 red by Property	ontracts on S 106G). Do not v. If more sna	chedule include any ce is
	Do any creditors have priority unsecured claims Mo. Go to Part 2.	s against you?			
	Yes.				
+ +	each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the cursecured claims, fill out the Continuation Page of	editor has more than one priority unsecured claim, list th a claim has both priority and nonpriority amounts, list th claims in alphabetical order according to the creditor's na Part 1. If more than one creditor holds a particular claim	at claim here ar ame. If you hay	nd show both e more than to	priority and
+	(For an explanation of each type of claim, see the in	nstructions for this form in the instruction booklet.)			
			Total claim	Priority amount	Nonpriority amount
2.1		A seek A streets of the second	¢	•	•
	Priority Creditor's Name	Last 4 digits of account number	3	_ •	_ p
	Number Street	When was the debt incurred?			
	0.000	As of the date you file, the claim is: Check all that apply			
		Contingent			
	City State ZIP Code	Unliquidated			
	Who incurred the debt? Check one.	Disputed			
	Debtor 1 only Debtor 2 only	•			
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
	At least one of the debtors and another	Domestic support obligations			
	Check if this claim is for a community debt	Taxes and certain other debts you owe the government			
	is the claim subject to offset?	Claims for death or personal injury while you were intoxicated			
	☐ No	Other. Specify			
	☐ Yes				
2.2					
	Priority Creditor's Name	Last 4 digits of account number	\$	_ \$	\$
	Number Street	When was the debt incurred?			
	THAIRDE GLOSE	As of the date you file, the claim is: Check all that apply.			
		☐ Contingent			
	City State ZIP Code	Unliquidated			
	Who incurred the debt? Check one.	☐ Disputed			
	Debtor 1 only Debtor 2 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only Debtor 1 and Debtor 2 only	Domestic support obligations			
	At least one of the debtors and another	Taxes and certain other debts you owe the government			
	☐ Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated			
	Is the claim subject to offset?	Other. Specify			
	□ No □ Yes				

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Page 27 of 57 Document

Debtor 1

JONETTE FULKS
First Name Middle Name

Case number (if known)_

r listing any entries on this page, number the	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonprior amount
Priority Creditor's Name	Last 4 digits of account number	\$	\$	_ \$
•	When was the debt incurred?			
Number Street	when was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	Contingent			
City State ZIP Code	Unliquidated Disputed			
Who incurred the debt? Check one	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only				
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
	Claims for death or personal injury while you were			
Check if this claim is for a community debt	intoxicated			
	Other. Specify			
Is the claim subject to offset?				
□ No				
Yes	en e			
	en e			anners at garages at any against an an at garage
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
, many distance of the state of	449			
Number Street	When was the debt incurred?			
	As of the date you file the claim in Check all that and			
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
	Claims for death or personal injury white you were			
Check if this claim is for a community debt	intoxicated			
	Other, Specify			
s the claim subject to offset?				
☐ No				
la Yes	tuun Siinyi mahadaan taha dalan dalan Siinnii may asaa qiyya aana qiinnii aa a			
riority Creditor's Name	Last 4 digits of account number	\$	\$	\$
	NAME: A STATE OF THE STATE OF T			
umber Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
ity State ZiP Code	Unliquidated			
	Disputed			
Vho incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only				
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
	Claims for death or personal injury while you were intoxicated			
Check if this claim is for a community debt	Other. Specify	***************************************	**************************************	
the claim subject to offset?				
🕽 No				

Entered 01/11/16 11:59:59 Desc Main Case 16-00714 Doc 1 Filed 01/11/16 Page 28 of 57 Document JONETTE FULKS Debtor 1 Case number (if known) Part 2: **List All of Your NONPRIORITY Unsecured Claims** 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. 2 Yes 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. **Total claim** COOK LAW MAGISTRATE-CH Last 4 digits of account number 802.00 Nonpriority Creditor's Name When was the debt incurred? 50 W WASHINGTON Number CHICAGO IL 60602 State ZIP Code As of the date you file, the claim is: Check all that apply. ☐ Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts O No Other. Specify_ Yes ENHANCED RECOVERY COMPANY 1,448.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO BOX 57547 Number Street As of the date you file, the claim is: Check all that apply. **JACKSONVILLE** 32241 ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts Other. Specify_ ☐ No Yes CONVERGENT OUTSOURCING Last 4 digits of account number _____ 324.00 Nonpriority Creditor's Name When was the debt incurred? PO BOX 9004 Number Street RENTON WA 98057 As of the date you file, the claim is: Check all that apply. State ZIP Code Contingent Who incurred the debt? Check one. Unliquidated

Official Form 106F/F

☐ No

Yes

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

Check if this claim is for a community debt

Disputed

☐ Student loans

Other. Specify__

Type of NONPRIORITY unsecured claim:

that you did not report as priority claims

Obligations arising out of a separation agreement or divorce

Debts to pension or profit-sharing plans, and other similar debts

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 29 of 57

Debtor 1

JONETTE FULKS

e Middle Name

Last Name

Case number (if known)_

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	ALC: U		•
-	100		

2. Your NONPRIORITY Unsecured Claims — Continuation Page

Af	ter listing any entries on this page,	, number th	em beginning with	a 4.4, followed by 4.5, and so forth.	Tot	al claim
<u> </u>	PORTFOLIO RECOVERY			Last 4 digits of account number	•	821.00
	Nonpriority Creditor's Name 287 INDEPENDENCE			When was the debt incurred?	J	021.00
	Number Street			As of the date you file the plain in the day of the		
	VIRGINIA BEACH	VA State	23462 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anott Check if this claim is for a commisthe claim subject to offset? No Yes	her	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify		
	DEPT OF ED/NELNET	The state of the second se		Last 4 digits of account number	\$ <u>10</u>	000.0
	Nonpriority Creditor's Name 3015 PARKER RD 400	- Tribles		. When was the debt incurred?		
	Number Street					
	AURORA	CO State	80014 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a comme to the claim subject to offset? No Yes			Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify		
	PEOPLES ENERGY			Last 4 digits of account number	\$ <u>S</u>	77.00
	Nonpriority Creditor's Name			·· ·····		
	200 E RANDOLPH Number Street	·····		When was the debt incurred?		
	CHICAGO	IL	60601	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			Unliquidated Disputed		
	Debtor 1 only Debtor 2 only					
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
☐ At least one of the debtors and another				Student loans Obligations arising out of a separation agreement or divorce that		
	Check if this claim is for a commu	unity debt		you did not report as priority claims		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		
	□ No			Other. Specify		
	Yes					

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 30 of 57

Debtor 1

JONETTE FULKS
First Name Middle Name

JLKS

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ase number	(if known)		
occ namber	(11 MICHAEL)		

П	c	г.	٠	9	-
æ	а.	LE		•	-

List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

	☐ No. You have nothing to report in the Yes	nis part. S	ubmit this form to	o the court with your other schedules.		
	nonpriority unsecured claim, list the cre	ditor sepa ditor hold	arately for each o	cal order of the creditor who holds each claim. If a creditor ha claim. For each claim listed, identify what type of claim it is. Do no im, list the other creditors in Part 3.If you have more than three n	t liet of	nime already
4.1	SYNCB/CARE CREDIT				Tot	al claim
L	Nonpriority Creditor's Name			Last 4 digits of account number	\$	490.00
	PO BOX 965036			When was the debt incurred?	Φ	
	ORLANDO	FL	32896			
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.			Contingent		
	Debtor 1 only			Unliquidated		
	Debtor 2 only			☐ Disputed		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another					
	☐ Check if this claim is for a commu			☐ Student loans ☐ Obligations arising out of a separation agreement or divorce		
	Is the claim subject to offset?			that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	☐ No			Other. Specify		
	☐ Yes					
4.2	CITY OF CHICAGO DEPT OF	FINAN	CE	Last 4 digits of account number	\$	5,000.00
	Nonpriority Creditor's Name	W		When was the debt incurred?		
	PO BOX 804556					
	Number Street	**				
	CHICAGO	<u>IL</u>	60680	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only					
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			Student loans		
	Check if this claim is for a commun	ity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		
	No			Other. Specify		
	☐ Yes	adalamana dan sasa				
4.3	SECRETARY OF STATE BAN Nonpriority Creditor's Name	KRUPT	CY DEPT	Last 4 digits of account number	\$	3,000.00
	2701 S DIRKSEN PKWAY			When was the debt incurred?	-	
	Number Street			-		
	SPRINGFIELD	IL	62723			
	City	State	ZIP Code	— As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.			Contingent		
	Debtor 1 only			Unliquidated		
	Debtor 2 only			☐ Disputed		
	Debtor 1 and Debtor 2 only					
	At least one of the debtors and another			Type of NONPRIORITY unsecured claim:		
		_		Student loans		
	Check if this claim is for a commun	ity debt		Obligations arising out of a separation agreement or divorce		
	Is the claim subject to offset?			that you did not report as priority claims		
	□ No			Debts to pension or profit-sharing plans, and other similar debts Other. Specify		
	☐ Yes			Color. Openly		

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main

Document

Page 31 of 57

Debtor 1

JONETTE FULKS
First Name Middle Name Middle Name

Case number (if known)_

Part 2	
Charles Sans	

Your NONPRIORITY Unsecured Claims — Continuation Page

Af	ter listing any entries on this page, number them beginning with	4.4, followed by 4.5, and so forth.	Total claim
······	COMED	Last 4 digits of account number	\$ 2,000.00
	Nonpriority Creditor's Name 3 LINCOLN CENTER	When was the debt incurred?	
	Number Street OAKBROOK TERRACE IL 60181	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	No Yes	Other. Specify	
		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one. Debtor 1 only	Unliquidated Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? No Yes	Other. Specify	
		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	Unliquidated Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another	U Student loans	
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
	□ No □ Yes		

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 32 of 57

Debtor 1

JONETT	E FULKS
Eirot Mana	A Pintaffe Allerma

Last Name

Case number (if known)		

Part 3: List Others to Be Notified About a Debt That You Already Listed

				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				on which entry in rait 1 of rait 2 did you list the original creditor?
N				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claim
		**************************************		Last 4 digits of account number
City		State	ZIP Code	
Name	· · · · · · · · · · · · · · · · · · ·			On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
, , , , , , , , , , , , , , , , , , , ,				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
wanu				Claims
City		State	ZIP Code	Last 4 digits of account number
Name			****	On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Vame				
Vumber	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
			·····	Claims Claims
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
lame				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber	Street			Part 2: Creditors with Nonpriority Unsecured
City		State		Last 4 digits of account number
		State	ZiP Code	On which entry in Part 1 or Part 2 did you list the original creditor?
ame				
umber	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
			******	Claims
ity		State	ZIP Code	Last 4 digits of account number

Document

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Page 33 of 57

Debtor 1

JONETTE FULKS

Case number (if known)_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only, 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim	
Total claims from Part 1	6a	. Domestic support obligations	6a.	\$	0.00
	6b	. Taxes and certain other debts you owe the government		\$	0.00
	60	. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d	Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	0.00
	6e	. Total. Add lines 6a through 6d.	6e.	\$	0.00
				Total claim	
Total claims from Part 2	6f.	Student loans	6f.	\$	0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$	25,683.00

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 34 of 57

							:		
	ill in this i	nformation to		case:					
D	ebtor	JONETTE First Name		tdle Name	Last Name				
	ebtor 2 pouse If filing)	First Name	Mid	Idle Name	Last Name				
	·			ern District of Illin			444		
	ase number								
()	rknown)								Check if this is an amended filing
									-
		orm 106							
S	ched	ule G: E	xecut	ory Conf	tracts an	d Un	expired L	.eases	12/15
info	rmation. I	f more space	is needed, co	e. If two married py the addition ase number (If I	al page, fill it out,	together, number ti	both are equally r he entries, and atta	esponsible for s ach it to this pag	upplying correct e. On the top of any
1.	🔽 No. C	heck this box a	and file this for	ts or unexpired m with the court low even if the c	with your other sch	edules. Yo	ou have nothing elsi on <i>Schedule A/B: Pr</i>	e to report on this	form.
2.	List sepa	rately each pe rent, vehicle	erson or comp	any with whom	you have the cor	tract or le	ease. Then state w	hat each contrac	ct or lease is for (for s of executory contracts and
	Person o	r company wi	th whom you	have the contra	act or lease		State what the co	ontract or lease is	s for
2.1									
	Name								
	Number	Street							
	City		State	ZIP Code		-			
2.2								٠	
	Name								
	Number	Street			· · · · · · · · · · · · · · · · · · ·	_			
	City		State	ZIP Code	·. ·	******			
2.3									
	Name								
	Number	Street				•			
	City		State	ZIP Code					
2.4									
	Name								
	Number	Street			· · · · · · · · · · · · · · · · · · ·	_			
	City	······································	State	ZÍP Code		•••			
2.5									
	Name								
	Number	Street				 -			

State

ZIP Code

City

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 35 of 57

				Document	Pa
Deb	tor 1	JONETTE FUL			
		First Name Midd	le Name	Last Name	
				ave More Contracts or	
	Persor	or company with	whom you	have the contract or lease	9
2 <u>.2</u>	Name				
	Number	Street		**************************************	
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2	Name				
	Number	Street	~		
	City		State	ZIP Code	
2	,		Giano	Li. Godb	
	Name				***************************************
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	City	`	State	ZIP Code	
	Name		·····		
	Number	Street			
	City		State	ZIP Code	
:	Name	· · · · · · · · · · · · · · · · · · ·			1.11. · · · · · · · · · · · · · · · · ·
	Number	Street			
	City		State	ZIP Code	···········
	Name				

What the contract or lease is for

Case number (if known)_

City

Number

Street

State

ZIP Code

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 36 of 57

Fill	in this	information to identify	your case:					
Deb	otor 1	JONETTE FULKS	;					
. .		First Name	Middle Name	Last Name				
	otor 2 ouse, if filir	ng) First Name	Middle Name	Last Name	· · · · · · · · · · · · · · · · · · ·			
Unit	ted State	s Bankruptcy Court for the:	Northern District of Illino	is				
	e numbe	er						
(,, ,,		***************************************				j		heck if this is an mended filing
\sim		E 400!!					aı	nended ming
***************************************	···	Form 106H lule H: Your	Codobiore					12/15
are fi and r case	lling too number number Do you \(\overline{A}\) No \(\overline{A}\) Yes \(\overline{A}\) Yes	gether, both are equally the entries in the boxe or (If known). Answer exhave any codebtors? (If the last 8 years, have you, California, Idaho, Louis Go to line 3. Did your spouse, forme No	responsible for supples on the left. Attach the rery question. If you are filing a joint can be suppled in a communitional, Nevada, New Mexes response, or legal equiversity.	lying correct in e Additional Prints, and not list e by property statico, Puerto Ricco alent live with you	formation. It age to this p ither spouse te or territor o, Texas, Was	f more space age. On the as a codebt y? (Commushington, ar	nity property states and territories in	Page, fill it out, te your name and
		Name of your spouse, former sp	ouse, or legal equivalent			_		
		Number Street			· · · · · ·	-		
		City	State		ZIP Code			
\$;	shown Schedu Schedu	in line 2 again as a cod	ebtor only if that perso D), Schedule E/F (Offic	on is a guarant	or or cosign	er. Make st lule G (Offic	pouse is filing with you. List the pare you have listed the creditor on the country of the second of the creditor of the creditor of the creditor to when you	ı
	COlum	ii i. Your codebior				_	umn 2: The creditor to whom you	owe the dept
3.1						Ch	eck all schedules that apply:	
3.1	Name	***************************************		····		0	Schedule D, line	
	1 (6)110						Schedule E/F, line	
	Number	r Street	· · · · · · · · · · · · · · · · · · ·				Schedule G, line	
	City		State		ZIP Code			
3.2		· · · · · · · · · · · · · · · · · · ·	·····	·			Schedule D, line	
	Name						Schedule E/F, line	
	Number	Street	ANTONO 17-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		····		Schedule G, line	
	City		Ctoto	w.w.	710 Cada	*****************		
3.3	City		State		ZIP Code			
	Name			TITLE PARTY NAMED IN CO.		0	Schedule D, line	
							Schedule E/F, line	
	Number	Street					Schedule G, line	
	City		State		ZIP Code			

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 37 of 57

JONETTE FULKS Debtor 1 Case number (# known) **Additional Page to List More Codebtors** Column 1: Your codebtor Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line __ Name ☐ Schedule E/F, line ___ ☐ Schedule G, line _____ Number Street ZIP Code City ☐ Schedule D, line ____ Name ☐ Schedule E/F, line ___ ☐ Schedule G, line _____ Number Street City State ZIP Code Schedule D, line Name ☐ Schedule E/F, line ___ Schedule G, line ____ Number Street City State ZIP Code Schedule D, line ____ ☐ Schedule E/F, line ___ ☐ Schedule G, line _____ Number City State ZIP Code Schedule D, line _ Name ☐ Schedule E/F, line ___ ☐ Schedule G, line ____ Number Street ZIP Code City ☐ Schedule D, line _____ Name ☐ Schedule E/F, line ____ ☐ Schedule G, line _____ Number Street City State ZIP Code ☐ Schedule D, line ___ Name ☐ Schedule E/F, line ___ ☐ Schedule G, fine ____ Number Street City State ZIP Code 3. ☐ Schedule D, line Name ☐ Schedule E/F, line ____ ☐ Schedule G, line _____

ZIP Code

Number

City

Street

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 38 of 57

Fill in this information to identify	your case:					
Debtor 1 JONETTE FULK	S	and the second s				
First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name	<u> </u>			
United States Bankruptcy Court for the:	Northern District of Illinois					
Case number				Check if t	his is:	
(If known)				☐ An am	nended filing	
					plement showing pos	
Official Form 106l					e as of the following	date:
Schedule I: You	r Incomo			MM / C	DD / YYYY	
						12/15
Be as complete and accurate as p supplying correct information. If y if you are separated and your spo separate sheet to this form. On the Part 1: Describe Employn	ou are married and not fi use is not filing with you, e top of any additional pa	ling jointly, and y do not include in	our spouse is formation ab	living with your spo	ou, include informationse. If more space is	on about your spouse. needed, attach a
Fill in your employment information.		Debtor 1			Debtor 2 or non-f	iling spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed Not employ	yed	erake i karanga karanga yang karanga yang karanga karanga karanga karanga karanga karanga karanga karanga kara	☐ Employed ☐ Not employed	од содинент в не при
Include part-time, seasonal, or self-employed work.					. ,	
Occupation may include student or homemaker, if it applies.	Occupation			***************************************		
	Employer's name		······································			
	Employer's address	Number Street			Number Street	

			5			
		City	State ZIP	Code	City	State ZIP Code
	How long employed the	re?				
Part 2: Give Details About	Monthly Income					
Estimate monthly income as of spouse unless you are separated If you or your non-filing spouse ha	ave more than one employe	er, combine the info				
below. If you need more space, a	tach a separate sheet to th	nis form.	For	Debtor 1	For Debtor 2 or	
List monthly gross wages, salideductions). If not paid monthly,			2. c 1	,149.00	non-filing spouse	
3. Estimate and list monthly over	•	-	3. +\$	0.00	+ \$	
4. Calculate gross income. Add lit	ne 2 + line 3.		4. \$ 1	,149.00	\$	

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 39 of 57

Debtor	1 JONETTE FULKS First Name Middle Name Last Name		Ca	ase number (if know	V/)	
			Fol	r Debtor 1	For Debtor 2 or non-filing spouse	
Co	py line 4 here	> 4.	\$	1,149.00	\$	
5. Lis	t all payroll deductions:					
5	a. Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	
	Mandatory contributions for retirement plans	5b.	T	0.00	\$	
50	: Voluntary contributions for retirement plans	5c.	\$	0.00	\$	
50	Required repayments of retirement fund loans	5d.	\$	0.00	\$	
56	e. Insurance	5e.	\$	0.00	\$	
5f	Domestic support obligations	5f.	\$	0.00	\$	
50	. Union dues	5g.	\$	0.00	\$	
	Other deductions. Specify:	5h.	+\$	0.00	+ \$	
	dd the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.		\$	0.00	\$	
7. C a	alculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	
3. Lis	t all other income regularly received:					
88	Net income from rental property and from operating a business, profession, or farm					
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	
81	. Interest and dividends ,	8b.	\$	0.00	\$	
80	Family support payments that you, a non-filing spouse, or a depende regularly receive	nt				
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8¢.	\$	0.00	\$	
	Unemployment compensation	8d.	\$	0.00	\$	
86	s. Social Security	8e.	\$	0.00	\$	
8f	Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		e.	0.00		
	Specify:	8f.	\$	0.00	\$	
89	Pension or retirement income	8g.	\$	0.00	\$	
8h	. Other monthly income. Specify:	8h.	+\$	0.00	+\$	
9. A d	d all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	0.00	\$	
	culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	1,149.00	\$	s 1,149.00
	te all other regular contributions to the expenses that you list in Sched					
frie	ude contributions from an unmarried partner, members of your household, you or relatives.					
-	not include any amounts already included in lines 2-10 or amounts that are recify:	iot av	ailable	to pay expense	es listed in Schedule J. 11. *	+ \$ 0.00
. Ad o	it the amount in the last column of line 10 to the amount in line 11. The rite that amount on the Summary of Your Assets and Liabilities and Certain St				hly income.	\$1,149.00
	you expect an increase or decrease within the year after you file this fo	orm?				monthly income
	Yes. Explain:					
		····				

Fill in this information to identif	y your case:			
Debtor 1 JONETTE FULK	S			
First Name Debtor 2	Middle Name Last Name	Check if this		
(Spouse, if filing) First Name	Middle Name Last Name	An amen	-	matition about a 40
United States Bankruptcy Court for the	Northern District of Illinois		ment snowing post as of the following	petition chapter 13 g date:
Case number (If known)		MM / DD /	YYYY	
Official Form 106J				
Schedule J: Yo	ur Expenses			12/15
Be as complete and accurate as p information. If more space is need (if known). Answer every question Part 1: Describe Your Ho		ing together, both are equally res n. On the top of any additional pa	ponsible for supply ges, write your nam	ing correct e and case number
1. Is this a joint case?				
No. Go to line 2. Yes. Does Debtor 2 live in a	separate household?			
No Yes. Debtor 2 must fi	le Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.		
2. Do you have dependents?	□ No	D		
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents' names.		MALE	10	☐ No ☑ Yes
				☐ No ☐ Yes
				☐ No
				☐ Yes
			4-11	☐ No
				☐ Yes ☐ No
			***************************************	Yes
Do your expenses include expenses of people other than yourself and your dependents?	☑ No ☐ Yes			
Part 2: Estimate Your Ongo	ing Monthly Expenses			
	r bankruptcy filing date unless you a nkruptcy is filed. If this is a suppleme			
	n-cash government assistance if you		Vo	
	d it on Schedule I: Your Income (Offic	·	Your exper	
any rent for the ground or lot.	expenses for your residence. Include	first mortgage payments and	4, \$	700.00
If not included in line 4:				0.00
4a. Real estate taxes			4a. \$	0.00
4b. Property, homeowner's, or n			4b. \$	0.00
4c. Home maintenance, repair,	, ,		4c. \$	<u>0.00</u> 0.00
 4d. Homeowner's association or 	Condominium Ques		4d. \$	0.00

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 41 of 57

Debtor 1 JONETTE FULKS
First Name Mirstle Name Last Name Case number (if known)

Note				Your exp	
	5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	
Section Sect					
6. Water, sewer, garbage collection 6. 1 0.000 0.0	0.		62	æ	0.00
6. Telephone, cell phone, internet, satelitie, and cable services 64 3 0.000				\$	
Fig. Color Color		· · · · · · · · · · · · · · · · · · ·			
7. Food and housekeeping supplies 7. \$ 200.00 8. Childcare and children's education costs 8. \$ 0.00 9. Cibthing, laundry, and dry cleaning 9. \$ 50.00 10. Personal care products and services 10. \$ 50.00 11. Medical and dental expenses 11. \$ 0.00 12. Transportation, include gas, maintenance, bus or train fare. Donot include care payments. 12. \$ 50.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. Charitable contributions and religious donations 14. \$ 0.00 15. Life insurance 15a. Life insurance 15a. \$ 0.00 15a. Life insurance 15a. Life insurance 15a. \$ 0.00 15b. Health insurance 15a. \$ 0.00 15c. Vehicle insurance 15a. \$ 0.00 15c. Vehicle insurance. Specify: 15a. \$ 0.00 <					0.00
8. Childcare and children's education costs 8. \$ 0.00 9. Clothing, laundry, and dry cleaning 9. \$ 50.00 10. Personal care products and services 10. \$ 0.00 11. Medical and dential expenses 11. \$ 0.00 12. Transportation, include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 50.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. Charitable contributions and religious donations 14. \$ 0.00 15. Insurance. 15a. Life insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$ 0.00 15b. Health insurance 15a. \$ 0.00 15c. Vehicle insurance 15b. Health insurance 15b. 0.00 15c. Vehicle insurance 15c. \$ 0.00	7.			\$	
6. Clothing, laundry, and dry cleaning 9. \$ 5.00.00 10. Personal care products and services 10. \$ 0.00.00 11. Medical and dental expenses 10. \$ 0.00.00 12. Transportation, include gas, maintenance, bus or train fare: Do not include car payments. 12. \$ 50.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. Charitable contributions and religious donations 14. \$ 0.00 15. Insurance. 15. \$ 0.00 15. Insurance deducted from your pay or included in lines 4 or 20. 15. \$ 0.00 15. Health insurance 15. \$ 0.00 15. Vehicle insurance. Specify: 15. \$ 0.00 15. Vehicle insurance. Specify: 15. \$ 0.00 15. Vehicle insurance. Specify: 15. \$ 0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15. \$ 0.00 17. Installment or lease payments: 17. \$ 0.00 17. Car payments for Vehicle 1 17. \$ 0.00 17. Other. Specify: 17. \$ 0.00 17. Other. Specify: 17. \$ 0.00 17. Other. Specify: 17. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from you may on line 5, Schedule	8.			\$	
10 Personal care products and services 10 5 0.000 11 Medical and dental expenses 11 5 0.000 12 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12 5 50.00 13 Entortainment, clubs, recreation, newspapers, magazines, and books 13 5 0.000 14 Charitable contributions and religious donations 14 5 0.000 15 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a Life insurance 15a 5 0.000 15b Health insurance 15b 5 0.000 15c Vehicle insurance 15c 5 0.000 15c Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c Taxes. Do not include taxes deducted fr	9.	Clothing, laundry, and dry cleaning		\$ \$	
11. Medical and dental expenses 11. \$ 0.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$ 5.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. Charitable contributions and religious donations 15. \$ 0.00 15. Insurance. 15. \$ 0.00 15. Life insurance 15. \$ 0.00 15. Health insurance 15. \$ 0.00 15. Vehicle insurance. 15. \$ 0.00 15. Vehicle insurance. 15. \$ 0.00 15. Vehicle insurance. Specify: \$ 0.00 15. Other insurance. Specify: \$ 0.00 15. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$ 0.00 15. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$ 0.00 17. Lif	10.				0.00
1	11.	Medical and dental expenses			
12	12.	Transportation. Include gas, maintenance, bus or train fare.			
14. Charitable contributions and religious donations 14. \$ 0.00 15. Insurance. 15. Life insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$ 0.00 15b. Health insurance 15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15d. \$ 0.00 15c. Other insurance. Specify: 15d. Other insurance. Specify: 15d. \$ 0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16c. \$ 0.00 17c. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. \$ 0.00 17c. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17d. Ot		Do not include car payments.	12.	\$	30.00
15. Insurance.	13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance	14.	Charitable contributions and religious donations	14.	\$	0.00
15a. Life insurance 15a. g 0.00 15b. Health insurance 15b. g 0.00 15c. Vehicle insurance 15c. g 0.00 15d. Other insurance. Specify:	15.				
15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance 15c. \$ 0.00 15d. Other insurance. Specify: 15d. \$ 0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 76. \$ 0.00 17. Installment or lease payments: 76. \$ 0.00 17b. Car payments for Vehicle 1 17a. \$ 0.00 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. 5 0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. \$ 0.00 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00			15^	e	0.00
15c. Vehicle insurance 15c. \$ 0.00 15d. Other insurance. Specify: 15d. \$ 0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 16. \$ 0.00 Specify: 16. \$ 0.00 17. Installment or lease payments: 17a. \$ 0.00 17b. Car payments for Vehicle 1 17a. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17c. Other. Specify: 17d. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. Specify: 19. \$ 0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. \$ 0.00 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00					0.00
15d. Other insurance. Specify: 15d. \$ 0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.00 17. Installment or lease payments: 17a. \$ 0.00 17b. Car payments for Vehicle 1 17a. \$ 0.00 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 108I). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. \$ 0.00 \$ 0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. \$ 0.00 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00					
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:		15d. Other insurance. Specify:		\$	forces
Specify:					
17a. Car payments for Vehicle 1 17a. \$ 0.00 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify:	16.		16.	\$	0.00
17b. Car payments for Vehicle 2 17c. Other. Specify:	17.	Installment or lease payments:			
17c. Other. Specify:		17a. Car payments for Vehicle 1	17a.	\$	0.00
17d. Other. Specify:		17b. Car payments for Vehicle 2	17b.	\$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00		17c. Other. Specify:	17c.	\$	0.00
your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. Specify:		17d. Other. Specify:	17d.	\$	0.00
Specify:	18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
Specify:	19.	Other payments you make to support others who do not live with you.			
20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Volume on Schedule I: Your Income. 20a. \$ 0.00 20b. \$ 0.00 20c. \$ 0.00 20c. \$ 0.00 20d. \$ 0.00		•	19.	\$	0.00
20a. Mortgages on other property 20a. \$	20.				
20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00				\$	0.00
20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00		20b. Real estate taxes	20b.		
20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00		20c. Property, homeowner's, or renter's insurance			
		20d. Maintenance, repair, and upkeep expenses			
		20e. Homeowner's association or condominium dues	20e.		

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 42 of 57

Debtor	1 JONETTE FULKS First Name Middle Name Last Name Case	number (if known)		
21. O ʻ	ther. Specify:	21.	+\$	0.00
22. C a	iculate your monthly expenses.			:
22	a. Add lines 4 through 21.	22a.	\$	1,100.00
22	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$	1,100.00
22	c. Add line 22a and 22b. The result is your monthly expenses.	22c .	\$	1,100.00
23. Cal	culate your monthly net income.			
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,149.00
23b.	Copy your monthly expenses from line 22c above.	23b.	\$	1,100.00
23¢.	Subtract your monthly expenses from your monthly income.		_	40.00
	The result is your monthly net income.	23 c.	\$	49.00
24. Do 5	ou expect an increase or decrease in your expenses within the year after you file this	form?		
For mor	example, do you expect to finish paying for your car loan within the year or do you expect yo gage payment to increase or decrease because of a modification to the terms of your mortg	our age?		
52 1 t				

🔲 Yes.

Explain here:

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 43 of 57

Fill in this i	nformation to ide	intify your case;			
Debtor 1	JONETTE FU	II KS			
Deblor	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name		
United States	Bankruptcy Court fo	r the: Northern District of Ill	inois		
Case number					
(If known)					☐ Check if this is a
					amended filing
Officia	l Form 106	6Dec			
				l Dahásais Calastut	
Deci	aration	About an I	naiviaua	Debtor's Schedules	12/15
If two mar	ried people are fi	ling together, both are eq	ually responsible fo	r supplying correct information.	
				nded schedules. Making a false statement, conc	saling property or
obtaining	money or proper	ty by fraud in connection	with a bankruptcy of	ase can result in fines up to \$250,000, or imprise	onment for up to 20
years, or b	oth. 18 U.S.C. §§	152, 1341, 1519, and 357	1.	·	•
	Sign Below				
(2006) a) (45)					
D					
	ı pay or agree to	pay someone who is NO	T an attorney to help	you fill out bankruptcy forms?	
₩ No					
☐ Yes	. Name of person_				ration, and
				Signature (Official Form 119).	
Under p	enalty of perjury y are true and co	, I declare that I have rea	d the summary and	schedules filed with this declaration and	
coat toe	y are true and co	ousecr			
	_	0 01			
X K	notto	July	×		
Signatu	re of Debtor 1	· · · · · · · · · · · · · · · · · · ·	Signature of De	ebtor 2	
-			T.g. man of O		

Date 01/01/2016 MM / DD / YYYY

Date MM / DD / YYYY

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 44 of 57

ianeneilist	nformation to identify yo	eurcasen				
Debtor 1	JONETTE FULKS First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing	T) Siret Name	Middle Name	Last Name	***************************************		
	Bankruptcy Court for the: No					
ase number f known)	******					Check if this is ar
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				amended filing
fficial	Form 107_					
tatem	ent of Financ	cial Affai	rs for Indiv	riduals Filing for	[.] Bankruptc	y 12/1
as comple	ete and accurate as poss	sible. If two mari	ried people are filin	g together, both are equally n	esponsible for supply	ing correct
	If more space is needed lown). Answer every que		ate sheet to this for	m. On the top of any addition	al pages, write your r	ame and case
mesor (n ac	iown, Anower every que	conon.				
Part 1: (Give Details About Yo	our Marital Sta	tus and Where Y	ou Lived Before		
						<u></u>
. What is y	your current marital state	us?				
Mami	· - -					
Not r	narried					
During ti	no look 2 wasan bawa was	. Marad annoughaire		15 0		
	ne last 3 years, have you	ı lived anywhere	other than where y	rou live now?		
M No		-	_			
☑ No ☐ Yes.	List all of the places you li	-	years. Do not include	e where you live now.		Dates Dates a
☑ No ☐ Yes.		-	_			Dates Debtor 2 lived there
☑ No ☐ Yes.	List all of the places you li		years. Do not include Dates Debtor 1	where you live now. Debtor 2:		lived there
☑ No ☐ Yes.	List all of the places you li		years. Do not include Dates Debtor 1	e where you live now.		
☑ No ☐ Yes. Del	List all of the places you li		years. Do not include Dates Debtor 1 lived there From	where you live now. Debtor 2:		lived there
No Yes.	List all of the places you li		years. Do not include Dates Debtor 1 lived there	Debtor 2: Same as Debtor 1		lived there Same as Debtor
☑ No ☐ Yes. Del	List all of the places you li		years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1		Same as Debtor
☑ No ☐ Yes.	List all of the places you li		years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1	State ZIP Code	Same as Debtor
₩ No □ Yes. Del	List all of the places you li	ived in the last 3 y	years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1 Number Street	State ZIP Code	Same as Debtor From To
No Pel	List all of the places you li	ived in the last 3 y	years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1 Number Street	State ZIP Code	Same as Debtor From To
No Del	List all of the places you li	ived in the last 3 y	years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1	State ZIP Code	Same as Debtor From To
No Del	List all of the places you li ptor 1: mber Street	ived in the last 3 y	years. Do not include Dates Debtor 1 lived there From To	Debtor 2: Same as Debtor 1 Number Street	State ZIP Code	Same as Debtor To Same as Debtor
₩ No Del	List all of the places you li ptor 1: mber Street	ived in the last 3 y	years. Do not include Dates Debtor 1 lived there From To From	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1	State ZIP Code	Same as Debtor To Same as Debtor
No Del	List all of the places you li ptor 1: mber Street street	ived in the last 3 y	years. Do not include Dates Debtor 1 lived there From To From	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1		Same as Debtor 1 To Same as Debtor 1 From
No Yes. Del	List all of the places you li ptor 1: mber Street street	ived in the last 3 y	years. Do not include Dates Debtor 1 lived there From To From	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1	State ZIP Code	Same as Debtor To Same as Debtor
Nu Yes. Del	List all of the places you li ptor 1: mber Street St me last 8 years, did you e	ived in the last 3 y	Pouse or legal equit	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 Number Street	State ZIP Code	Ilved there Same as Debtor From To Same as Debtor From Tro Community property
Nu Yes. Del Nu City Within the states and	List all of the places you li ptor 1: mber Street St me last 8 years, did you e	ived in the last 3 y	Pouse or legal equit	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 Number Street	State ZIP Code	Ilved there Same as Debtor From To Same as Debtor From Tro Community property
Nu Yes. Del Nu City Within th states and	List all of the places you li ptor 1: mber Street St mber Street St se last 8 years, did you ed territories include Arizon	tate ZIP Code	Pouse or legal equino, Louisiana, Nevac	E where you live now. Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 Number Street City Valent in a community propertia, New Mexico, Puerto Rico, To	State ZIP Code	Ilved there Same as Debtor From To Same as Debtor From Tro Community property
Nu Yes. Del Nu City Within th states an	List all of the places you li ptor 1: mber Street St me last 8 years, did you e	tate ZIP Code	Pouse or legal equino, Louisiana, Nevac	E where you live now. Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 Number Street City Valent in a community propertia, New Mexico, Puerto Rico, To	State ZIP Code	Ilved there Same as Debtor From To Same as Debtor From Tro Community property

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 45 of 57

Pirst Name Middle Name Las	st Name	Case n	umber (if known)	
HINGING MAINTE LAR	s Name			
Did you have any income from employme Fill in the total amount of income you receive If you are filing a joint case and you have income No Yes. Fill in the details.	ed from all jobs and all bus	inesses, including part-t	ime activities	endar years?
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of Income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips Operating a business	\$	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
For last calendar year:	Wages, commissions, bonuses, tips	\$	☐ Wages, commissions,	
(January 1 to December 31,	Operating a business	Φ	bonuses, tips Operating a business	\$
For the calendar year before that:	Wages, commissions, bonuses, tips		Wages, commissions, bonuses, tips	
(January 1 to December 31,	Operating a business	\$	Operating a business	\$
unemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e No Section 2.	a joint case and you have	income that you receive	ed together, list it only once	e under Debtor 1.
Tes. Fill in the details.	Debtor 1		Debtor 2	
	Sources of income			
	Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		each source (before deductions and exclusions)	Describe below.	each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		each source (before deductions and exclusions)	Describe below.	each source (before deductions and exclusions) \$
From January 1 of current year until the date you filed for bankruptcy: For last calendar year:	3	each source (before deductions and exclusions)	Describe below.	each source (before deductions and exclusions) \$ \$ \$
the date you filed for bankruptcy: For last calendar year:		each source (before deductions and exclusions)	Describe below.	each source (before deductions and exclusions) \$ \$ \$
For last calendar year: (January 1 to December 31,	\$ \$ \$ \$ \$	each source (before deductions and exclusions)	Describe below.	each source (before deductions and exclusions) \$ \$ \$

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 46 of 57

JONETTE FULKS

Debtor 1	JONETTE FULKS First Name Last Name Last Name	···	Case	number (if known)	
Part 3:	List Certain Payments You Made Be	fore You File	d for Bankruptcy		
c Aug glas	han Dabtan dia an Dabtan dia dabta da 19				
	her Debtor 1's or Debtor 2's debts primarily	•			
₩ No.	Neither Debtor 1 nor Debtor 2 has primar "incurred by an individual primarily for a per	sonal, family, or	household purpose."		1(8) as
	During the 90 days before you filed for bank	ruptcy, did you p	pay any creditor a total o	f \$6,225* or more?	
	No. Go to line 7.				
	Yes. List below each creditor to whom y total amount you paid that creditor, child support and alimony. Also, do	Do not include :	payments for domestic s	upport obligations, such as	
	* Subject to adjustment on 4/01/16 and ever				
☐ Yes	Debtor 1 or Debtor 2 or both have primar			·	
	During the 90 days before you filed for bank			f \$600 or more?	
	No. Go to line 7.				
	Yes. List below each creditor to whom you creditor. Do not include payments f alimony. Also, do not include payments.	or domestic supp	oort obligations, such as	child support and	
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
			\$	\$	☐ Mortgage
	Creditor's Name				Car
	Number Street	***************************************			Credit card
					Loan repayment
		-			Suppliers or vendors
	City State ZIP Code				Other
	Creditor's Name	-	\$	\$	☐ Mortgage
					Car
	Number Street				Credit card
					Loan repayment
		*			Suppliers or vendors
	City State ZIP Code	-			Other
	0	***************************************	\$	\$	☐ Mortgage
	Creditor's Name				Car
	Number Street	*			Credit card
					Loan repayment
	and the second and th				☐ Suppliers or vendors
	City State ZIP Code	•			Other
	State ZIP Code				

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 47 of 57

г 1	JONETTE FULKS				C	
	First Name Middle Name	Last Name	·		Case number (# known	7)
corpo agent such a	, including one for a busing as child support and alimo	iny general partners; n officer, director, per ess you operate as a	relatives of any son in control (general partners;	partnerships of whi	who was an insider? ch you are a general partner; g securities; and any managing or domestic support obligations,
ZÍ No						
∓ است.	es. List all payments to an	nsider.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Īr	nsider's Name		*	\$	_ \$	
N	Jumber Street					
	ity		·			
U	ж	State ZIP Code		\$	\$	
In	sider's Name		***************************************	Ÿ 	4	
Ñ	umber Street	· · · · · · · · · · · · · · · · · · ·				
Cit	ty	State ZIP Code	#			
clude No	1 year before you filed for der? payments on debts guara List all payments that be	nteed or cosigned by		ayments or trans	fer any property o	naccount of a debt that benef
		ioned air maider.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insi	ider's Name			\$	\$	
Nur	mber Street		* 10-15-10-			
City	,	State ZIP Code	7+W			
				•		
insid	der's Name	Met. someon man, .		\$	\$	
Num	nber Street					

City		the ZID Code				

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 48 of 57

tor 1 JONETTE FULKS First Name MixIdle Name Last I	Name	Case number (if known)	· · · · · · · · · · · · · · · · · · ·
art 4: Identify Legal Actions, Reposs	assings and Forechouse	e		
Within 1 year before you filed for bankrupti List all such matters, including personal injury and contract disputes.	cy, were you a party in any la	wsuit, court action, or admi		
☑ No				
Yes. Fill in the details.				
	Nature of the case	Court or agency		Status of the case
Case title		***************************************		Pending
Case one		Court Name		On appeal
11.000000000000000000000000000000000000		Number Street		Concluded
Case number				
		City State	a ZIP Code	
Case title		Court Name	.	Pending
				On appeal
		Number Street		☐ Concluded
Case number		City State	ZiP Code	
Yes. Fill in the information below.	Describe the property	,	Date	Value of the propert
	The state of the s			value of the property
Creditor's Name	WWW states to the states of th			\$
Number Street	Explain what happene	ed .		
	Property was re	•		
	Property was fo			
City State ZIP Coo				
	Property was ga			
	Property was at	tached, seized, or levied.	Date	Value of the proper
	1.,	tached, seized, or levied.	Date	Value of the prope
	Property was at	tached, seized, or levied.	Date	
Creditor's Name	Property was at	tached, seized, or levied.	Date	Value of the proper
Creditor's Name Number Street	Describe the property	tached, seized, or levied.	Date	Value of the proper
	Property was at	tached, seized, or levied.	Date	
	Describe the property	tached, seized, or levied.	Date	
	Describe the property Explain what happene	ntached, seized, or levied. ed possessed. reclosed.	Date	

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 49 of 57

Estatu oo 1			
ithin 90 days before you filed for bankru counts or refuse to make a payment be	uptcy, did any creditor, including a bank or financ	ial institution, set off any a	mounts from you
No	oddoo you owed a dept:		
Yes. Fill in the details.			
	Deposition that and a set of the second		
	Describe the action the creditor took	Date action was taken	Amount
Creditor's Name	_		
Number Street	_		\$
Number Sueet			¥
	••		
	_		
City State ZIP Code	Last 4 digits of account number: XXXX		
thin 1 years hafana years the state of			
thin 1 year before you filed for bankrupt ditors, a court-appointed receiver, a cu	tcy, was any of your property in the possession of	f an assignee for the benef	it of
No			
Yes			
List Certain Gifts and Contribu	rtions		
hin 2 years before you filed for bankrup	tcy, did you give any gifts with a total value of mo	re than \$600 per person?	
No	•	The same to the bar barbar.	
Yes. Fill in the details for each gift.			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave	Value
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
per person	Describe the gifts	Dates you gave the gifts	Value
per person	Describe the gifts	Dates you gave the gifts	
per person	Describe the gifts	Dates you gave the gifts	
per person Person to Whom You Gave the Gift	Describe the gifts	Dates you gave the gifts	\$
Person to Whom You Gave the Gift	Describe the gifts	Dates you gave the gifts	\$
Person Person to Whom You Gave the Gift Number Street	Describe the gifts	Dates you gave the gifts	\$
Person to Whom You Gave the Gift Number Street City State ZIP Code	Describe the gifts	Dates you gave the gifts	\$
Person to Whom You Gave the Gift Number Street City State ZIP Code	Describe the gifts	Dates you gave the gifts	\$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you	Describe the gifts	Dates you gave the gifts	\$
Person to Whom You Gave the Gift Number Street Dity State ZIP Code Person's relationship to you Gifts with a total value of more than \$600	Describe the gifts	the gifts	\$
Person to Whom You Gave the Gift Number Street Oity State ZIP Code Person's relationship to you Gifts with a total value of more than \$600		the gifts	\$\$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600		the gifts	\$\$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person		the gifts	\$\$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person		the gifts	\$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person		the gifts	\$\$ Value
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person		the gifts	\$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 Person to Whom You Gave the Gift		the gifts	\$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift		the gifts	\$ \$ Value \$

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 50 of 57

r1 ·	JONETTE FULKS	Case number (if known)_		
	First Name Middle Name	Last Name		
met. A				
	4 years before you tiled for b	ankruptcy, did you give any gifts or contributions with a total valu	ie of more than \$6	300 to any charity?
1 No				
. Yes.	. Fill in the details for each gift	or contribution.		
Gift	ts or contributions to charities	Describe what you contributed	Date you	Value
that	nt total more than \$600		contributed	• 11.00
				•
Charity	ty's Name	.	W. W. L.	Ψ
***************************************				\$
				<u> </u>
Numbe	per Street	Amada Namanana		
MORRIDE	e Geest			
City	State ZIP Code			
COMM				
6:	List Certain Losses			
No Yes. I	Fill in the details.			
Yes. I	Fill in the details. scribe the property you lost and vithe loss occurred	Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Yes. I	scribe the property you lost and	Include the amount that insurance has paid. List pending insurance		
Yes. I	scribe the property you lost and	Include the amount that insurance has paid. List pending insurance		lost
Yes. I	scribe the property you lost and v the loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		lost
Yes. I	scribe the property you lost and	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		lost
Yes. I Described how	cribe the property you lost and vithe loss occurred List Certain Payments or year before you filed for bar	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers hkruptcy, did you or anyone else acting on your behalf pay or tran	loss	lost
Yes. I Desc how	cribe the property you lost and vithe loss occurred List Certain Payments or year before you filed for bar sulted about seeking bankru	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers akruptcy, did you or anyone else acting on your behalf pay or transptcy or preparing a bankruptcy petition?	loss	lost
Yes. I Desc how	cribe the property you lost and vithe loss occurred List Certain Payments or year before you filed for bar sulted about seeking bankru	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers hkruptcy, did you or anyone else acting on your behalf pay or tran	loss	lost
7: Lthin 1: u considude an	cribe the property you lost and withe loss occurred List Certain Payments or year before you filed for bar suited about seeking bankruany attorneys, bankruptcy petiti	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers akruptcy, did you or anyone else acting on your behalf pay or transptcy or preparing a bankruptcy petition?	loss	lost
7: L thin 1: u cons	cribe the property you lost and vithe loss occurred List Certain Payments or year before you filed for bar sulted about seeking bankru	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers akruptcy, did you or anyone else acting on your behalf pay or transptcy or preparing a bankruptcy petition?	loss	lost
7: Lthin 1: u considude an	cribe the property you lost and withe loss occurred List Certain Payments or year before you filed for bar suited about seeking bankruany attorneys, bankruptcy petiti	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers akruptcy, did you or anyone else acting on your behalf pay or transptcy or preparing a bankruptcy petition?	sfer any property our bankruptcy. Date payment or	\$to anyone
7: L thin 1: u considude an	cribe the property you lost and withe loss occurred List Certain Payments or year before you filed for bar suited about seeking bankruany attorneys, bankruptcy petiti	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers akruptcy, did you or anyone else acting on your behalf pay or transptcy or preparing a bankruptcy petition? on preparers, or credit counseling agencies for services required in your preparers.	sfer any property	\$to anyone
Yes. I Desc how 7: L thin 1: u cons lude ar No Yes. F	List Certain Payments or year before you filed for bar sulted about seeking bankru any attorneys, bankruptcy petiti Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers akruptcy, did you or anyone else acting on your behalf pay or transptcy or preparing a bankruptcy petition? on preparers, or credit counseling agencies for services required in your preparers.	sfer any property our bankruptcy. Date payment or transfer was	\$to anyone
Yes. I Desc how 7: L thin 1: u cons lude ar No Yes. F	cribe the property you lost and withe loss occurred List Certain Payments or year before you filed for bar sulted about seeking bankruany attorneys, bankruptcy petiti Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers akruptcy, did you or anyone else acting on your behalf pay or transptcy or preparing a bankruptcy petition? on preparers, or credit counseling agencies for services required in your preparers.	sfer any property our bankruptcy. Date payment or transfer was	\$to anyone
7: Lithin 1: u consciude ar No Yes. F	List Certain Payments or year before you filed for bar sulted about seeking bankru any attorneys, bankruptcy petiti Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers akruptcy, did you or anyone else acting on your behalf pay or transptcy or preparing a bankruptcy petition? on preparers, or credit counseling agencies for services required in your preparers.	sfer any property our bankruptcy. Date payment or transfer was	\$to anyone
7: L thin 1: u consciude ar No Yes. F	List Certain Payments or year before you filed for bar sulted about seeking bankru any attorneys, bankruptcy petiti Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers akruptcy, did you or anyone else acting on your behalf pay or transptcy or preparing a bankruptcy petition? on preparers, or credit counseling agencies for services required in your preparers.	sfer any property our bankruptcy. Date payment or transfer was	\$to anyone
7: Lithin 1: u consciude ar No Yes. F	List Certain Payments or year before you filed for bar sulted about seeking bankru any attorneys, bankruptcy petiti Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers akruptcy, did you or anyone else acting on your behalf pay or transptcy or preparing a bankruptcy petition? In preparers, or credit counseling agencies for services required in your behalf pay or transptcy or preparers, or credit counseling agencies for services required in your behalf pay or transport transferred.	sfer any property our bankruptcy. Date payment or transfer was	to anyone Amount of payment
7: Lithin 1: u consciude ar No Yes. F	List Certain Payments or year before you filed for bar suited about seeking bankru any attorneys, bankruptcy petiti Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers akruptcy, did you or anyone else acting on your behalf pay or transptcy or preparing a bankruptcy petition? In preparers, or credit counseling agencies for services required in your behalf pay or transptcy or preparers, or credit counseling agencies for services required in your behalf pay or transport transferred.	sfer any property our bankruptcy. Date payment or transfer was	to anyone Amount of payment
Tes. I Deschow Tes. I Tes. I Deschow Tes. I Tes.	List Certain Payments or year before you filed for bar suited about seeking bankru any attorneys, bankruptcy petiti Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers akruptcy, did you or anyone else acting on your behalf pay or transptcy or preparing a bankruptcy petition? In preparers, or credit counseling agencies for services required in your behalf pay or transptcy or preparers, or credit counseling agencies for services required in your behalf pay or transport transferred.	sfer any property our bankruptcy. Date payment or transfer was	to anyone Amount of payment

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 51 of 57

	JONETTE FULKS		Case number (if known)		
	First Name Middle Name L.s	ast Name	•		
		Description and value of any prope	rty transferred	Date payment or transfer was made	Amount of payment
	Person Who Was Paid	_			
	Number Street	_		- THE CONTROL - House	\$
		_			\$
	City State ZIP Code	ra.			
	Email or website address	_			
	Person Who Made the Payment, if Not You				
Do r	hin 1 year before you filed for bankrup mised to help you deal with your cred not include any payment or transfer that No Yes. Fill in the details.	itors or to make payments to your c	reditors?	,,,,,,,	,
		Description and value of any propert	y transferred	Date payment or transfer was	Amount of paymer
	Person Who Was Paid	-		made	
	Number Street	-			\$
		-		Webbart .	\$
		•			
\AGAL	City State ZIP Code				
Inclu Do n	nin 2 years before you filed for bankru sferred in the ordinary course of your ude both outright transfers and transfers in not include gifts and transfers that you ha	business or financial affairs? made as security (such as the granting			
Inclu Do n	nin 2 years before you filed for bankrup sferred in the ordinary course of your ude both outright transfers and transfers a not include gifts and transfers that you ha No	business or financial affairs? made as security (such as the granting		nortgage on your prop	
Inclui Do n	nin 2 years before you filed for bankrup sferred in the ordinary course of your ude both outright transfers and transfers a not include gifts and transfers that you ha No	business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property	of a security interest or n Describe any property	nortgage on your prop	perty). Date transfer
Inclu Do n	nin 2 years before you filed for bankrup sferred in the ordinary course of your ude both outright transfers and transfers a not include gifts and transfers that you ha No Yes. Fill in the details.	business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property	of a security interest or n Describe any property	nortgage on your prop	perty). Date transfer
Incluing Do n	nin 2 years before you filed for bankrup sferred in the ordinary course of your ude both outright transfers and transfers in not include gifts and transfers that you ha No Yes. Fill in the details. Person Who Received Transfer	business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property	of a security interest or n Describe any property	nortgage on your prop	perty). Date transfer
Inclu Do n	nin 2 years before you filed for bankrupsferred in the ordinary course of your ude both outright transfers and transfers that you had not include gifts and transfers. Person Who Received Transfer Number Street City State ZIP Code	business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property	of a security interest or n Describe any property	nortgage on your prop	perty). Date transfer
Inclu Do n Self N	nin 2 years before you filed for bankrup sferred in the ordinary course of your ude both outright transfers and transfers in not include gifts and transfers that you ha No Yes. Fill in the details. Person Who Received Transfer	business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property	of a security interest or n Describe any property	nortgage on your prop	perty). Date transfer
Included transfer of the trans	nin 2 years before you filed for bankrupsferred in the ordinary course of your ude both outright transfers and transfers that you had not include gifts and transfers. Person Who Received Transfer Number Street City State ZIP Code	business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property	of a security interest or n Describe any property	nortgage on your prop	perty). Date transfer
Inclu Do n M	nin 2 years before you filed for bankrup sferred in the ordinary course of your ude both outright transfers and transfers to to include gifts and transfers that you ha No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you	business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property	of a security interest or n Describe any property	nortgage on your prop	perty). Date transfer
Included in the control of the contr	nin 2 years before you filed for bankrup sferred in the ordinary course of your ude both outright transfers and transfers in tot include gifts and transfers that you ha No Yes. Fill in the details. Person Who Received Transfer City State ZiP Code Person's relationship to you Person Who Received Transfer	business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property	of a security interest or n Describe any property	nortgage on your prop	perty). Date transfer

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 52 of 57

Debtor 1	JONETTE FULKS First Name Middle Name La	st Name	Case number (# &	nown)	
19. Wit	thin 10 years before you filed for bank e a beneficiary? (These are often called	ruptcy, did you transfer any prope asset-protection devices.)	rty to a self-settled tru	st or similar device of	which you
	No Yes. Fill in the details.				
		Description and value of the prop	erty transferred		Date transfer
		:			was made
	Name of trust				
					1
		www.			
Part 8	200	ts. Instruments. Safe Deposit			
incl bro	hin 1 year before you filed for bankrup sed, sold, moved, or transferred? lude checking, savings, money market kerage houses, pension funds, coope No Yes. Fill in the details.	, or other financial accounts: cert	ificates of deposit: sha		
	ros. Fill in the details.	Last 4 digits of account number	*	.	
		Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
	Name of Financial Institution	XXXX	☐ Checking	***************************************	\$
	Number Street		☐ Savings		
			☐ Money market ☐ Brokerage		
	City State ZIP Code		Other		
	Name of Financial Institution	xxxx	Checking		\$
	No. 100 Stand		Savings		
	Number Street		☐ Money market ☐ Brokerage		
			Other		
1. Do y secu	City State ZIP Code You now have, or did you have within 1 Irities, cash, or other valuables? No Yes. Fill in the details.	year before you filed for bankrup	tcy, any safe deposit t	oox or other depository	for
•	es. The in the details.	Who else had access to it?	Describe the	contents	Do you still have it?
	Name of Financial Institution	Name			☐ No ☐ Yes
ļ	Number Street	Number Street	**************************************		
•		City State ZIP Code			
	City State ZIP Code				

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 53 of 57

Debtor 1	JONETTE FULKS First Name Middle Name L	ast Name	Case number (if known)	ase number (#known)		
Ø	No	it or place other than your home w	ithin 1 year before you filed for bankruptcy?	,		
u	Yes. Fill in the details.	Who else has or had access to it?	Describe the contents	Do you still have it?		
	Name of Storage Facility	Name		☐ No ☐ Yes		
	Number Street	Number Street	***************************************			
	City State ZIP Code	City State ZIP Code				
Part 9	identify Property You Hold	or Control for Someone Else				
	hold in trust for someone.	someone else owns? Include any	property you borrowed from, are storing fo	,		
Ō	Yes. Fill in the details.	Where is the property?	Describe the property	Value		
	Owner's Name			\$		
	Number Street	Number Street				
	City State ZIP Code	City State Z	P Code			
Part 1	0: Give Details About Environ	mental Information				
≅ <i>Env</i> haz	e purpose of Part 10, the following def vironmental law means any federal, str ardous or toxic substances, wastes, o luding statutes or regulations controli	ate, or local statute or regulation c or material into the air, land, soil, s	oncerning pollution, contamination, release urface water, groundwater, or other mediun es. wastes. or material.	s of n,		
≅ Site		erty as defined under any environn	nental law, whether you now own, operate, o	or		
≅ <i>Haz</i> sub	ardous material means anything an elestance, hazardous material, pollutant	nvironmental law defines as a haza , contaminant, or similar term.	ardous waste, hazardous substance, toxic			
Report	all notices, releases, and proceedings	s that you know about, regardless	of when they occurred.			
24. Has	any governmental unit notified you th	at you may be liable or potentially	liable under or in violation of an environme	ntal law?		
	No Yes. Fill in the details.					
		Governmental unit	Environmental law, if you know it	Date of notice		
i	Name of site	Governmental unit				
i	Number Street	Number Street				
-	City State ZiP Code	City State ZIP Code				

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 54 of 57

First Nam			Case number (if known)	
	ne Middle Name	Last Name	**************************************	
	fied any governmental un	it of any release of hazardous mate	rial?	
Ž No				
Yes. Fill in	the details.			
		Governmental unit	Environmental law, if you know it	Date of notice
Name of site	В	Governmental unit	-	***************************************
Number S				
reditibe) Si	ueet	Number Street		
		City State ZIP Code	_	
City	State ZIP Code			
ava van haar	a narty in any judicial or	administrative proceeding under a	ny environmental law? Include settleme	
Í No	a party in any judicial of	administrative proceeding under a	iy environmentar law? include settleme	nts and orders.
21 NO 21 Yes. Fill in	the detaile			
# 165. Fill Iti	the details.	0		Status of the
		Court or agency	Nature of the case	case
Case title				m
		Court Name		Pending
***************************************			***************************************	On appe
		Number Street		Conclude
Case numbe	er	City State ZIP Co	THE PARTY OF THE P	
		City State ZIP Co	de	
A sole p	proprietor or self-employe ber of a limited liability co	ruptcy, did you own a business or h ed in a trade, profession, or other a ompany (LLC) or limited liability part	nave any of the following connections to etivity, either full-time or part-time enership (LLP)	any business?
A sole p A memb	proprietor or self-employe ber of a limited liability co er in a partnership	ed in a trade, profession, or other acompany (LLC) or limited liability part	tivity, either full-time or part-time	any business?
A sole p A memt A partne	proprietor or self-employe ber of a limited liability co er in a partnership cer, director, or managing	ed in a trade, profession, or other acompany (LLC) or limited liability part executive of a corporation	ctivity, either full-time or part-time mership (LLP)	any business?
A sole p A memt A partne An offic An own	proprietor or self-employe ber of a limited liability co er in a partnership cer, director, or managing er of at least 5% of the vo	ed in a trade, profession, or other acompany (LLC) or limited liability part executive of a corporation oting or equity securities of a corpor	ctivity, either full-time or part-time mership (LLP)	any business?
A sole p A memt A partne An offic An own No. None o	proprietor or self-employe ber of a limited liability co ler in a partnership cer, director, or managing her of at least 5% of the vo of the above applies. Go to	ed in a trade, profession, or other acompany (LLC) or limited liability part executive of a corporation oting or equity securities of a corporation or Part 12.	ctivity, either full-time or part-time mership (LLP) ration	any business?
A sole p A memt A partne An offic An own No. None o	proprietor or self-employe ber of a limited liability co ler in a partnership cer, director, or managing her of at least 5% of the vo of the above applies. Go to	ed in a trade, profession, or other acompany (LLC) or limited liability part executive of a corporation of a corporation of Part 12. fill in the details below for each bus	ctivity, either full-time or part-time enership (LLP) ration	
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A sole particular An official An official An official An own No. None of Yes. Check Business Naticular Structure St	proprietor or self-employe ber of a limited liability co ler in a partnership cer, director, or managing ler of at least 5% of the vo of the above applies. Go to call that apply above and	ed in a trade, profession, or other acompany (LLC) or limited liability part executive of a corporation oting or equity securities of a corpor of Part 12. fill in the details below for each bus Describe the nature of the business. Name of accountant or bookkeeps.	ctivity, either full-time or part-time inership (LLP) ration siness. ss Employer Identification Do not include Social EIN: FromTo ss Employer Identification Do not include Social in the second secon	n number Security number or ITIN. d n number Security number or ITIN.
A sole particular An official An official An official An own No. None of Yes. Check Business Naticular Structure St	proprietor or self-employe ber of a limited liability co ler in a partnership cer, director, or managing ler of at least 5% of the vo of the above applies. Go to call that apply above and	ed in a trade, profession, or other acompany (LLC) or limited liability part executive of a corporation or equity securities of a corporating or equity securities of a corporation of Part 12. fill in the details below for each bus Describe the nature of the business. Name of accountant or bookkeeps. Describe the nature of the business.	ctivity, either full-time or part-time inership (LLP) ration siness. ss Employer Identification Do not include Social EIN: Dates business existe From To ss Employer Identification Do not include Social EIN: EIN: EIN: EIN:	n number Security number or ITIN. d n number Security number or ITIN.

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 55 of 57

	Middle Name La	ast Name	se number (# known)
		Describe the nature of the business	Employer Identification number
Business Name		<u></u>	Do not include Social Security number or ITIN
Number Street		 Name of accountant or bookkeeper	Dates business existed
	A	<u>-</u>	
City	State ZiP Code		From To
ihin Owner bes			
stitutions, credit	tors, or other parties.	iptcy, dio you give a financial statement to a	nyone about your business? Include all financial
No Yes. Fill in the	details below.		
		Date issued	
Name		MM / DD / YYYY	
Number Street		nv	
	<u> </u>	-	
City	State ZIP Code	<u></u>	
12: Sign Bei	ow		
have read the ar	and correct. I understa	ont of Financial Affairs and any attachments, and that making a false statement, concealin an result in fines up to \$250,000, or imprison	and I declare under penalty of perjury that the g property, or obtaining money or property by fraudment for up to 20 years, or both.
connection wit			
s connection with B U.S.C. §§ 152,	tto Aulf	<u>10 ×</u>	
Signature of Del		Signature of Debtor 2	
Signature of Del	016	Date	
Signature of Del Date 01/01/20 id you attach ad	016	·	s <i>Filing for Bankruptcy</i> (Official Form 107)?
Signature of Del	016	Date	s Filing for Bankruptcy (Official Form 107)?
Signature of Del Date 01/01/20 id you attach ad No Yes	016_ Iditional pages to Your	Date	
Signature of Del Date 01/01/20 id you attach ad No Yes Id you pay or ag	ol6 Iditional pages to Your	Date Statement of Financial Affairs for Individual	

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 56 of 57

Fill in this inf	formation to ide	entify your case:		
Debtor 1	JONETTE F			
!	First Name	Middle Name	Last Name	
Debtor 2			***************************************	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court fo	or the: Northern District of Illin	ois	
Case number (If known)				
,				

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- m creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

For any creditors that you listed in Part 1 of Schedule D: information below.	Creditors Who Have Claims Secured by Property (Offici	al Form 106D), fill in the
Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: NONE	☐ Surrender the property.	☐ No
	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
•	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
-	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	
	- The state of the	

Case 16-00714 Doc 1 Filed 01/11/16 Entered 01/11/16 11:59:59 Desc Main Document Page 57 of 57

JONETTE FULKS Debtor 1 Case number (If known) Middle Name Last Name Part 2: **List Your Unexpired Personal Property Leases** For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: □ No Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No Yes Description of leased property: Lessor's name: □ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

* Jonetto	Frelts	×	
Signature of Debtor 1	•		Signature of Debtor 2
Date 01/01/2016 MM / DD / YYYY	_		Date MM / DD / YYYY